

A social constructionist perspective of black female students' perceptions and
management of risks of HIV/AIDS in sexual activity at the University of
KwaZulu-Natal Pietermaritzburg Campus

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DECLARATION

I, Khanyisile Nene, declare that:

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ABSTRACT

Notwithstanding the increase in educational and preventative HIV/AIDS programmes, relatively little sexual behaviour change has been documented both locally and internationally. Insight about reasons for a lack of behaviour change in a context with a high HIV prevalence such as South Africa is thus critical. The aim of the study is to understand why it is that the rate of HIV infections amongst the student population remains high, particularly at the University of KwaZulu-Natal, despite the high exposure to HIV/AIDS prevention interventions/campaigns and also access to resources and educational programmes at this tertiary institution alone. In this study, the philosophical and methodological premise of social constructionism is adopted to potentially provide an alternative and significant conceptualisation of student sexual behaviour which has implications for understanding behaviour change in the field of HIV and AIDS. In this social constructionist study a sample of 9 Black African female university students from the University of KwaZulu-Natal Pietermaritzburg campus, South Africa, was used to investigate the social constructions of risks in sexual activity and their implication for sexual practice and the management of these risks among educated university students. The key findings of this study was that although the sexually active black African female student participants demonstrated basic knowledge about risks and management of risks in sexual activity, risky behaviour was common and protective behaviour was low. This was justified by a range of discourses that informed students' social construction of sexual activity, perception and management of risk as constructed by participants. It is suggested that HIV/AIDS education and preventative programmes, in order to be effective and to result in observable behaviour change, including in educated youth, should be designed to address and challenge the wider social discourses surrounding sexual behaviour.

Key words: HIV/AIDS; social constructionism, perception and management of risks in sexual activity

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
FGD	Focus Group Discussion
HHD	Have Hold Discourse
HBM	Health Belief Model
HEAIDS	Higher Education AIDS Programme
HEMIS	Higher Education Management Information System
HESA	Higher Education South Africa
HIV	Human-Immunodeficiency Virus
HSRC	Human Social Research Council
INT.	Individual Interview
KAP	Knowledge Attitude and Practice
KZN	KwaZulu-Natal
MD	Marital Discourse
MSDD	Male Sexual Drive Discourse
PD	Permissive Discourse
PMB	Pietermaritzburg
SCT	Social Cognitive Theory
SSP	Safe Sex Project
STI	Sexually Transmitted Infections
TPB	Theory of Planned Behaviour
TRA	Theory of Reasoned Action
UKZN	University of KwaZulu-Natal
UNAIDS	United Nations Programme on HIV/AIDS
USAIDS	United States Programme on HIV/AIDS
WHO	World Health Organisation

CHAPTER ONE: INTRODUCTION

1.1. Background

Human Immuno-Deficiency Virus/ Acquired Immuno-Deficiency Syndrome (HIV/AIDS) has reached epidemic proportions in South Africa, and Sub-Saharan Africa at large and has serious consequences which are felt in almost every area of life. According to the Higher Education AIDS programme (HEAIDS, 2010b), the HIV/AIDS epidemic continues to have an enormous impact on households, communities, businesses, public services, and national economies throughout Southern Africa. According to Norton and Dawson (2000), HIV/AIDS is one of the barriers that impede progress for young people. Amongst the youth population, also the most vulnerable and high risk group for HIV/AIDS, are tertiary students. This is despite generally high levels of knowledge about the basic modes of transmission of the virus available to them. According to Kenyon, Zondo and Badri (2010) “one of the reasons for this failure of translation of knowledge into practice has been related to the fact that knowledge of HIV transmission has not impacted on the intermediate step between knowledge and behaviour change, i.e. perception of risk” (p.171). Kenyon et al. (2010) propose that even with exposure and access to interventions to raise awareness about the HIV risk only a small proportion of the youth in South Africa regard themselves to be at any significant risk for HIV. Hoosen and Collins (2004) argue that “current HIV-prevention work indicates that simply providing HIV-related information plays a limited role in changing sexual practices and instead stresses the need to address the social and cultural forces shaping individual behaviour” (p.486). Hence, this study aims to explore the socio-cultural influences that shape tertiary female students’ sexual behaviour with a particular focus on their perception and management of risks in sexual activity. This study is concerned with students’ meanings constructed around sexual activity and how these inform students’ construction and perceptions of risks in sexual activity and their implications for management of the risks in sexual activity

1.1.1. HIV/AIDS in Southern Africa

At the end of 2012, more than 35 million people worldwide were living with HIV, almost 69% of whom were in sub-Saharan Africa (United Nations Programme on HIV/AIDS, 2013; World Health Organisation, 2013a). The Southern Africa region is home to 11.3 million people living with HIV/AIDS, an increase of nearly one third (31%) compared to the 8.6

million people infected a decade earlier (United States Programme on HIV/AIDS, 2011). Approximately 5.26 million people living with HIV/AIDS are currently living in South Africa (Statistics South Africa, 2013; WHO, 2013b). According to the 2012 South African Nation HIV Survey (Shisana et al., 2014), “the HIV prevalence rate affects 15% black African, 3.1 % Coloured, 0.8 % Indian or Asian and 0.3.% White people” (p. XXV).

1.1.2. The South African context

According to Statistics South Africa (2013) the total number of persons living with HIV in South Africa increased from an estimated 4, 21 million in 2001 to 5, 26 million by 2013, with youth and women being the groups most infected. The 2010 National Antenatal Sentinel HIV and Syphilis Prevalence Survey revealed that KwaZulu-Natal had the highest HIV prevalence in the country with an increase of 38.7% in 2008 to 39.5% in 2009 and stabilized at 39.5% in 2010 (Department of Health, 2011). The Human Social Research Council 2012 household survey findings suggests that KwaZulu-Natal remains the province with the highest HIV prevalence amongst the age group 15-49 years (Van der Linde, 2013). Van der Linde (2013) indicates that whilst the HIV/AIDS prevalence decreased from an estimated 39.5% in 2010 to 27.6% in 2012 in this province, KwaZulu-Natal remains highly affected.

In 2013, an estimated 12.3% of the total population was HIV positive with 8.5% of 15-24 year olds being the most infected (Statistics South Africa, 2013). This age group, inclusive of tertiary students, forms about 40% of the South African population (Statistics South Africa, 2012). University students have constituted an important community in interventions to prevent the spread of HIV and AIDS (Mulwo, Tomaselli & Dalrymple, 2009). Mulwo et al. (2009) highlight that the majority of students are between the ages of 18 and 30 years, which is the age category reported as being at the highest risk of HIV infections in South Africa. University students are identified as an interesting target group, as they represent the future leaders and economic backbone of the country. The negative impact of HIV/AIDS amongst this particular age group may in future adversely affect efforts directed at addressing structural problems including high levels of unemployment, skills shortage, high levels of income inequality and gender inequality (Van Wyk, 2006). In the education sector alone, the impact of HIV/AIDS has been recognised and is detrimental and needs urgent resolutions HEAIDS (2010b).

In their recent paper, Shisana et al. (2014) report that the HIV prevalence vary by race and that black Africans, especially females, continue to be disproportionately affected by HIV and AIDS, followed by Coloureds. Shisana et al. (2014) indicate that the HIV prevalence based on Statistics South Africa 2012 Mid-year estimates reveals that the HIV prevalence was highest among black Africans at 73.3%, followed by Coloureds at 69.6%, and Indians/Asians at 54% and lastly Whites at 43%. According to Shisana et al. (2014), it was found that the high HIV prevalence in the black African population is associated with low prevalence of marriage, low socio-economic status, and other behavioural and social factors that affect this group.

1.1.3. HIV/AIDS prevalence at the University of KwaZulu-Natal

The Higher Education HIV and AIDS Programme (HEAIDS) surveyed 21 out of 23 South African higher institutions, and established that the HIV prevalence rate among students is 3,4% HEAIDS (2010a). Out of this national student prevalence the University of KwaZulu-Natal recorded the second highest HIV prevalence of 26% for female students and 12% for male students between the ages of 20 and 24 years. The University of KwaZulu-Natal is one of the largest tertiary education institutions in the country, educating approximately 41244 of South African university students in 2010 (Higher Education in Context, 2011). Based on the Higher Education Management Information System (HEMIS) data, HEAIDS (2010a) reported that it is estimated that a total of 675 students, 15 academic staff and 240 administrative/service staff at the University of KwaZulu-Natal are living with HIV. Such prevalence thus suggests that there is a need for further research within the tertiary institutions in South Africa, particularly to establish why low behaviour change is occurring. According to HEAIDS (2010a), the HIV prevalence at this institution was the highest among African students with a 5.6 % prevalence rate.

1.1.4. HIV/AIDS prevalence amongst female students at the University of KZN

In sub-Saharan Africa, the centre of the global epidemic, women still account for approximately 57% of all people living with HIV (UNAIDS, 2013). Black female students are disproportionately affected by the HIV/AIDS virus. In 2010, the HEAIDS study revealed that female students were far more vulnerable to HIV with a prevalence of 26% compared to the 12% for male students between the ages of 20 and 24 years at this institution alone (HEAIDS, 2010a). It is thus quite surprising that HIV and risky sexual behaviour are common in this student population. According to USAIDS (2011), woman's vulnerability to

HIV stems from the severe social, legal, and economic disadvantages facing them. The epidemic imposes a particular burden on women and girls. In addition to their greater physiological susceptibility to HIV acquisition, UNAIDS (1999) argued that “the pervasive social, legal and economic disadvantages faced by women reduce their ability to protect themselves from HIV infection, and diminish access to essential HIV and reproductive health services” (p.82).

1.1.5. University of KwaZulu-Natal’s response to HIV/AIDS

The University of KwaZulu-Natal provides primary healthcare services to the students on campus. It gives family planning and health education on sexually transmitted infections, such as HIV/AIDS. It provides a range of HIV and AIDS related services and benefits to staff and students which vary in coverage and quality (HEAIDS, 2010b). These HIV and AIDS services includes educational programmes developed and implemented to educate young South Africans about the dangers and consequences of risky sexual behaviours, with the aim of promoting safe sexual activity and prevention of disease and pregnancies (HEAIDS, 2010b). Despite such initiatives, the increase in knowledge of the consequences of HIV/AIDS, and of preventative measures to avoid infection, the HIV prevalence and escalating HIV-infection rates among this vulnerable age group indicate that substantial behaviour change has not occurred.

1.2. Conceptualizing the study

Mindful of national efforts being made to educate and inform students about HIV/AIDS and address the HIV/AIDS epidemic in the country, the question of why these efforts have not been effective in achieving the expected behaviour change hence arises. The HEAIDS (2010a; 2010b) findings show that despite the fact that most South African youth know about HIV/AIDS and how it can be prevented; there is still a high prevalence of HIV/AIDS amongst youth in South Africa. Brook, Morojele, Zhang and Brook (2006) argue that in their study, youth do not practice safe sex, and youth sexuality is characterised by multiple sexual partners, not using condoms and transactional sex. Therefore, there is a heightened need to understand why these educational and prevention HIV interventions has had low or limited behaviour change, particularly amongst the student population. Therefore, understanding how students perceive the risks in sexual activity can help provide information why black female students are still disproportionately affected by the HIV/AIDS virus. The study hopes to

explore from a social constructionist perspective how knowledge which translates into perception also informed by a variety of factors in turn influences or limits behaviour change, i.e. management of risk in sexual activity.

1.3. Significance of the study

Globally, approximately 80 % of all HIV infections are sexually transmitted through unprotected sexual activity (Durojaiye, 2008). Therefore, Durojaiye (2008) advocates that sexual behaviour change seems to be the most effective way of curbing the further spread of the virus. This study presumes that there are social factors that have not been taken into account or addressed by existing behaviour change interventions which perhaps may help us understand why people, particularly black female students, still engage in risky sexual behaviour even though they are knowledgeable about the risks involved. According to UNAIDS (2013) HIV continues to be driven by gender inequalities and harmful gender norms that promote unsafe sex and reduce access to HIV and sexual and reproductive health services for men, women and transgender persons. UNAIDS (2013) emphasises that the epidemic imposes a particular burden on women and girls. Therefore, the study will help explore some of the factors or norms informing students' understanding, beliefs and, or perceptions about risks in sexual activity, and the ways in which they consequently inform students' behaviour and how they manage these perceived risks. These factors may provide recommendations to strengthen HIV/AIDS awareness and prevention programmes in South Africa, targeting students and young people.

To achieve this, the study utilises a social constructionist approach to gain insight into the problem of perceptions and management of risks amongst a sample of university female students between the ages of 18-24 years of age. The social constructionist perspective argues that "all human experience is mediated by social factors and that our reality is constructed as a result of this" (Wilson & MacLean, 2011, p.183). It attempts to understand the various ways in which reality is constructed within a particular historical and social context (Wilson & MacLean, 2011). The social constructionist view sees an individual as constructed through language. According to Burr (1995), language provides us with a way of structuring our experience of ourselves and the world. In addition, Burr (1995) explains that the social constructionist view suggests that our experience of the world is undifferentiated and intangible without the framework of language to give it structure and meaning. Burr (1995) suggests that "the way that language is structured therefore determines the way that experience and consciousness are structured" (p. 35). "If language is indeed the place where

identities are built, maintained and challenged, then this also means that language is the crucible of change, both personal and social” (Burr, 1995, p.43) Hence, adopting a social constructionist approach in this study allows for exploring how students use language to construct their reality of HIV/AIDS. Three previous local studies suggested that many students engage in unprotected sexual activity, perceived themselves to be at no or very low risk of HIV infection and were more worried about the risk of pregnancy than that of HIV/AIDS (Deacon, 2009; Matlala, 2010; Naidoo & Kasiram, 2006).

In the Deacon (2009) study on the University of KwaZulu-Natal Pietermaritzburg campus, pregnancy was perceived as the dominant risk when engaging in sex over and above the risk of HIV infections. Participants in this study reported having had unprotected sexual activities yet being particularly worried about pregnancy as it is openly visible and proves to society that one is sexually active. Therefore, they had to deal with the risks of pregnancy by using different types of contraception, like the morning after pill but not condoms (Deacon, 2009). It seems irrational for students who have access to knowledge and resources to prioritise pregnancy above HIV/AIDS. Perhaps the social constructionist approach would enable an understanding of how students reason for, argue/talk about and justify behaviour which seems highly irrational.

Another local study by Matlala (2010) amongst a sample of university students on the University of KwaZulu-Natal’s Pietermaritzburg campus revealed that students perceived themselves to be at no or low risk of contracting sexually transmitted infections, particularly HIV/AIDS, and were not taking any protective measures. Perception of risk is a key dimension of most health behaviour. Therefore, it is possible that there are a couple of other factors that impact on perceptions of risks in HIV infections and thus on our ability to protect ourselves from HIV. Some of these factors include culture and societal norms. Therefore, this study takes a social constructionist approach to the problem of perceptions and management of risks in sexual activity by university female students.

1.4. The purpose of the study

The purpose of the study is to understand why the rate of HIV infections amongst the student population remains high, particularly at the University of KwaZulu-Natal, despite the high exposure to HIV/AIDS prevention interventions/campaigns and also access to resources and educational programmes at this tertiary institution. Nearly all the HIV/AIDS related

intervention studies are concerned with the psychological aspect of behaviour change. According to UNAIDS (1999), nearly all prevention interventions are based on theory and rely on the assumption that giving correct information about transmission and prevention will lead to behavioural change. UNAIDS (1999) and Willig (1995), critiques that education alone is insufficient to induce behavioural change among most individuals and urges that the importance of affect and social context in relation to sexual behaviour be considered. Therefore, the aim of the study is to understand why it is that the rate of HIV infections amongst the student population remains high, particularly at the University of KwaZulu-Natal, despite exposure to HIV/AIDS prevention interventions/campaigns and also access to resources and educational programmes at this tertiary institution alone.

UNAIDS (1999) argues that because complex health behaviours such as sex take place in context, socio-cultural factors surrounding the individual must be considered in designing prevention interventions. According to UNAIDS (1999) “beyond the individual and his or her immediate social relationships lie the larger issues of structural and environmental determinants that also play a significant role in sexual behaviour” (p.5). Likewise, this study adopts the idea that socio-cultural factors surrounding students play a significant role in their sexual behaviour. Hence, the study aims to explore how social norms around sexual activity at university play a role in students’ sexual activity, their perception and management of risks in sexual activity. Hence a social constructionist approach is adopted.

1.5. Summary

HIV/AIDS is an issue of global concern. Young, female, African tertiary students are particularly vulnerable and are among the highest at risk group. While HIV-prevention interventions have tried to alter sexual behaviour by providing information about health risks and protective measures, students continue to be affected disproportionately by the HIV pandemic. Students are knowledgeable about risks in unsafe sexual activity, yet they persist in engaging in risky sexual activity. It is of concern that despite the increase in knowledge and HIV-related prevention programs young people are still at risk and not much change has occurred in their behavior. It seems that knowledge and management of risks in sexual activity is not put into practice, even though they are well educated. A social constructionist approach to this problem might enable an understanding of why young people with knowledge and access to awareness about ways of preventing HIV/AIDS still might not engage in safe sex.

CHAPTER TWO: REVIEW OF LITERATURE

2.1. Introduction

The prevalence of HIV infection in South Africa, a country of approximately 52.98 million people, is among the highest in the world with 15.9 % among the adult group (i.e. ages 15-49 years) and currently 8.5% among 15-24-year-olds (Statistics South Africa, 2013). Inclusive in this record, is the university students' HIV prevalence of 3.5% (HEAIDS, 2010a). The increasing prevalence of HIV infection among young people has created an increased need to improve our understanding of factors influencing sexual risk-taking behaviours and to design effective prevention programs. To date, psychological models are applied in understanding, explaining, predicting behaviours and behavioural intentions. The Health Belief Model (HBM), the Social Cognitive Theory (SCT) and the Theory of Reasoned Action (TRA) with its extension, the Theory of Planned Behaviour (TPB) (Koniak-Griffin & Stein, 2006) are some of these psychological models, also used in designing and implementing HIV/AIDS behaviour-change related intervention programmes. Health behaviours are viewed by these models as being connected to attitudes and intentions.

According to Koniak-Griffin and Stein (2006), these theoretical models have served as a basis for a number of HIV prevention efforts directed toward adolescents and young adults. Such theoretically-driven interventions adopt the concepts from HBM, SCT and or TRA and attempt to generate positive change in measures of related theoretical constructs such as self-efficacy, outcome expectancies, subjective norms, and perceived behavioural control (Koniak-Griffin & Stein, 2006). However, Koniak-Griffin and Stein (2006) advocate that despite the growing number of HIV prevention studies involving youth, very low levels of behaviour change amongst adolescents and youth has been documented and, young people continue to be amongst the population at highest risk with highest infection rates. The rate of infection and HIV prevalence among this population raises concerns about the gap between knowledge and behaviour and thus appeals for an exploration of not just level of HIV knowledge but rather the perceptions of risks in sexual activity.

There is the need for research and alternative approaches other than the purely behavioural approaches and theories to contribute to understanding why the HIV/AIDS epidemic

continues to increase disproportionately, particularly amongst the young, female population, given the amounts of awareness and prevention programmes available. Hence, the social constructionist approach is adopted in this study to address this need and explore why there has not been substantial behaviour change, amongst young people and students.

This chapter therefore will provide an exploration and critique of the theories that have been used and those that are being used to understand youth sexual behaviour and promote behaviour change in terms of HIV/AIDS. It will then motivate why social constructionism is imperative to the understanding of youth sexual behaviour and promotion of behaviour change in terms of HIV/AIDS. The main concepts in the study to be discussed include theories and HIV-related lifestyle review, HIV/AIDS, university students, HIV/AIDS and behaviour change, perceptions of risks, knowledge, management as well as factors that influence risky sexual behaviours. Intervention programmes that have been recommended and used in the South African context will also be explored.

2.2. Theory and HIV review

AIDS was first reported in South Africa in 1983. Presently, HIV/AIDS has developed to be a deadly disease with enormous consequences. HIV/AIDS is largely a sexually transmitted disease that can be passed on from one infected person to another through unprotected sexual activity. It can also be transmitted through breastfeeding and other blood transfusions. Given the rate at which it is spreading, the emphasis is currently on prevention of the transmission of the disease (Norton & Dawson, 2000).

To a very large extent prevention thus involves educating and spreading knowledge about the dangers and ways of preventing the infection. Because approximately 80 % of all HIV infections are sexually transmitted most intervention programmes have thus been concerned with sexual behaviour change, (Durojaiye, 2008; Willig 1995). Health Promotion interventions such as ABC campaigns and 'First Things First' campaigns are amongst the few countrywide educational campaigns that have been launched to inform the population about HIV and how it may be transmitted as well about strategies useful for preventing infection. According to Simelane (2005), the assumption of education on HIV/AIDS prevention is that knowledge leads to a significant change in sexual behaviour. Simelane contends that previous studies to encourage safe sexual behaviours often tend to follow a process of assessing knowledge regarding HIV/AIDS, attitudes of people towards HIV/AIDS

as well as sexual behaviour of various groups. According to Simelane (2005), such research is referred to as the Knowledge, Attitudes and Practices (KAP), a conceptual framework developed by Joffe (1996).

The conceptual framework of KAP presumes that changes in knowledge levels and attitudes lead to behaviour change. According to Joffe (1996), KAP assumes that an individual's HIV/AIDS related knowledge, attitude, subjective norms and present practices determines and predicts one's AIDS-related behavioural decision and outcomes. According to Simelane (2005), KAP has been widely used alongside several theoretical models about health-related behaviours, including the HBM, SC, TRA and TPB which are the three most commonly used theoretical models in intervention programme rendered to South African youth and young adults to enhance HIV/AIDS knowledge, behaviour change and perception of risk. According to Adedimeji (2005, p.4):

The theoretical basis underlining these programs (Health Belief Model, Social Cognitive Theory, Social Inoculation Theory, AIDS Risk Reduction Model and Stages of Change Model) assume that health related behaviour is determined by individuals' perceptions of susceptibility to infections, the benefits of behaviours change and constraints to change.

In the view of Adedimeji (2005), people are assumed to rationally weigh their options action once they have adequate information and perceive that change will benefit them. Kenyon et al. (2010) argue that one's perception of risk is a key dimension of most health behaviour models, particularly those in the preceding section.

According to Simelane (2005), the Knowledge, Attitudes and Practices conceptual framework has been criticised in the light of research findings that increasing people's knowledge about AIDS does not necessarily bring about positive change in their attitudes towards people with AIDS, and importantly does not result in changes in sexual behaviour. Simelane maintains that this critique has been largely associated with impediments to the rational assumptions of the KAP framework which intervene between knowledge and the ability to act on such knowledge. The HBM, SCT and TRA theoretical models have therefore been criticised for their individual orientation with emphasis on their assumptions of rational, conscious and consistent decision-making processes (Simelane, 2005). Citing Brooks-Gunn

and Furstenberg (1990), Simelane argues that since findings about young people indicate that a large number of young people do not plan their initial and subsequent sexual behaviour, therefore planned and controlled conditions for safe sexual activities cannot be easily achieved.

UNAIDS (1999) advocate that the overemphasis on individual behavioural change by these theory driven interventions with a focus on the cognitive level has undermined the overall research capacity to understand the complexity of HIV transmission and control. UNAIDS (1999) suggested that focusing only on the individual psychological process ignores the interactive relationship of behaviour in its social, cultural, and economic dimension thereby missing the possibility to fully understand crucial determinants of behaviour. According to Adedimeji (2005), the relevance and applicability of these models in the African context is debated considering that in many societies, individuals' capacities to initiate health related behaviour are constrained by imbalances in power relations, poverty, gender inequality and socialisation processes that are often outside the control of individuals.

Adedimeji (2005) maintains that individual behaviour is regulated by the social, cultural political and policy contexts, which affect their ability to initiate and sustain health enhancing behaviours. Therefore, Adedimeji (2005) suggests that prevention activities must therefore consider and operate at the super-structural, structural, environmental and individual levels to yield meaningful results. Citing Aggleton (1996), the UNAIDS (1999) remarked that, in many cases, motivations for sex are complicated, unclear and may not be thought through in advance. It is suggested that societal norms, religious criteria, and gender power relations infuse meaning into behaviour, enabling positive or negative changes. Hence, UNAIDS (1999) favoured social models rather than individual models. According to UNAIDS (1999) social models aim at changes at the community level. According to UNAIDS (1999) "sociological theories assert that society is broken up into smaller subcultures and it is the members of one's immediate surroundings, the peer group that someone most identifies with, that has the most significant influence on an individual's behaviour" (p.5). UNAIDS (1999) further remarked that according to a social perspective, effective prevention efforts will depend on the development of strategies that can enlist community mobilisation to modify the norms of this peer network to support positive changes in behaviour.

Therefore, this study utilises the social constructionist perspective because it presumes that social norms around sexual behaviour inform how students understand and perceive risks in sexual activity and how such understanding and perceptions informs what they do or how they behave in relation to the risk of HIV infections. The advantage of this perspective is that it will explore students' accounts and experiences of risks in sexual activity which is crucial for developing interventions to suit this population.

2.3. Tertiary students

College life, according to Simelane (2005) tends to correspond with the time when young people are more independent from their parents than they were as adolescents but have not yet taken on adult role responsibilities. University students are a population group largely characterised by high risky behaviours. Arnett (2001) describes this period in the life of tertiary or college students as a period of greatest susceptibility to a variety of health problems associated with behaviour.

According to Pettifor, et al. (2005), young black African women are significantly at an increased risk of HIV infection. They state that "given the legacy of apartheid in South Africa, there are a multitude of socio-economic, social, behavioural and potentially biological factors that may contribute to the increased risk of HIV among black South Africans in comparison with individuals of other races" (Pettifor, et al., 2005, p.1532). They illustrate that black African women are more likely to have relationships with older partners and practice inconsistent condom use.

According to Simelane (2005) explains that during this period, students have the opportunity to engage in experimentation and exploratory activities in various areas that characterise adulthood. McCammon, Knox and Schatch (1998) note that during this stage, young people want to feel that they are normal, part of this quest is to be normal in their sexual thoughts, feelings and behaviour. Thus to be normal they may see themselves through the eyes of peers and significant others.

2.4. Developmental stage

The Pan American Health Organisation (PAHO) and the World Health Organisation (cited in Breinbauer & Maddaleno, 2005) defined adolescence as the period between 10 and 19 years of age, youth as the period between 15-24 years of age and the young population as the

period between 10-24 years of age. Despite these different definitions these terms are often used interchangeably. For the purpose of this review, I will make use of the concepts youth/young adulthood to cover the ages 18-24 years.

According to Jaffe (1998) understanding and making decisions about relationships and sexual behaviour involves complex cognitive and emotional processes. Young adulthood can be viewed as a period of transition from adolescence to full adulthood (Arnett, 2001). According to Arnett (2001), this transition to adulthood involves entering the roles that are typically considered to be part of adulthood: full-time work, marriage, and parenthood. Jaffe (1998) described young adults as more likely to be affected by psychosocial factors, such as the emotions of the moment, the desire to be accepted by their peers and the desire to fit in with them. Jaffe (1998) suggests that young adults tend to weigh inconveniences as too heavy and effectiveness as too light.

Young adults, similarly to adolescents “become aware of and begin to identify with their new public role as a sexual being, may start to notice, discuss and engage in sexual activities, not because of a biological urges as in adolescence, but a societal pull in which things of a sexual nature begin to take on a socially valid meaning” (Serbin & Sprafkin, 1987, p.182). To elaborate this further, Moore and Rosenthal (1993), reveal that through watching movies, videos, and watching television and reading newspaper articles, magazines and books, youth develop ideas and a sense of what is appropriate and inappropriate sexually for someone of their age and gender. Therefore, sexuality and sexual behaviour is socially constructed. In relation to tertiary students, this thus helps us to understand how students become particularly influenced to develop a certain sexual identity, which is campus appropriate.

2.5. Sex as socially constructed

Sexuality according to Weeks (in Potgieter, 2003), is complexly related to social and cultural relations, and it is, therefore, a social construct, not a category independent of society and culture and not objectively definable in every historical context. Similarly, Serbin and Sprafkin (1987) add that sexuality is not caused by biological factors alone. They illustrate that even though adolescence “is a period of dramatic physical change with signs of sexual awakening, the increase in sexual interest and behaviour in this period is largely due to societal reactions to the adolescent’s changing physical appearance and newly developed reproductive capacity” (Serbin & Sprafkin, 1987, p.182). If sexuality is social constructed,

sexual activity is likewise a social construct. According to Hoosen and Collins (2004), sex is socially constructed as an expression of romantic love. According to Willig (1998), “meanings constructed around sexual activity can vary both within and across historical periods and culture and have implication for sexual behaviour or practices which can constrain and or facilitate what can be thought, said and done sexually” (p.384). Hoosen and Collins (2004) argue that “the dominant discourses of sexuality position women as the objects of men’s sexual urges and women may view sexual behaviour in terms of men’s needs and drives, and ensuring men’s pleasure may be experienced as an expression of affection and commitment” (p. 488). This study is concerned with meanings constructed around sexual activity and how these inform students’ construction and perceptions of risks in sexual activity and their implications for management of the risks in sexual activity.

Simelane’s (2005) contention that some of the reasons why young people engage in sexual intercourse include pleasure, opportunity, curiosity, because their friends are doing it, as proof of desirability and popularity, to feel grown up and as a means of defying parental and religious authority suggests that society and social norms play a significant role in the development and construction of youth sexuality. Therefore, this study also assumes that societal context/ factors, for example campus lifestyle, influences students’ sexuality. Hence, a social constructionist approach is perhaps appropriate to enable an understanding of why female students engage in risky sexual behaviour even though they are educated and have access to educational and preventative HIV/AIDS programs.

2.6. A social constructionist/discursive view of sexual behaviour

According to Burr (1995), a discourse refers to a set of meanings, metaphors, representations, images, stories, and statements that in some way together produce a particular version of events. A discourse about an event or object is said to manifest itself in texts, or in talks. Burr (1995) further states that our identity is constructed out of the discourses culturally available to us, and which we draw upon in our communications with other people and is based on language. Burr (1995) adds that “the discourses that form our identity have implications for what we can do and what we should do” (p.54). Discursive approaches such as social constructionism provide an understanding of the self, where language is seen as the most potent tool for organising experience and ultimately for constituting reality (Bruner, 1986; Crossley, 2000, as cited in Soskolne, Stein & Gibson, 2003). According to Soskolne et al., (2003) discursive approaches argue that “the self is constructed when people refer to

themselves, speak about each other's selves, and respect each other's right to express themselves" (p.3). In their view, Soskolne et al. (2003) suggests that the way we experience being in the world (e.g. experiencing sexual activity) is largely socially constructed and is mediated through language, and self is seen to reside within the social, historical and metaphorical realms where shared meanings create 'what it is to be a self' and these shared discourses see into our constructions of self.

Additionally, Soskolne et al. (2003) assert that a discursive approach would argue that people have an identity investment in drawing on certain discourses, and in incorporating these into their repertoire, particularly discourses that bolster or affirm their self-identity. This study is interested in exploring which discourses female students draw on.

Henriques, Hollway, Urwin, Venn and Walkerdine (1984) argue that the way subjects position themselves within a certain discourse helps the subject to organize and understand a set of beliefs. According to Willig (1998) particular practices or possible behaviour patterns are bound up with discourses. She argues that discourses can facilitate or undermine particular discursive constructions. According to Willig (1998) discourses legitimize and or privilege particular practices and individuals can be positioned differently by different discursive constructions. Willig (1998) believes that people's behaviour, actions and sets of beliefs are assumed to be produced and dependent on the discourse in which they position themselves. Willig (1998) explains that particular practices become legitimate forms of behaviour within particular discursive contexts. Thus Willig (1998) asserts that these observations have implications for AIDS education. She argues that if discourses are bound up with practices, then AIDS campaigns that aim to change people's sexual behaviour must address the wider discourses surrounding sexuality and sexual relationships.

This discursive approach potentially provides a way of understanding students' responses to and management of risks in sexual activity. To support the use of the social discursive approach in this study, the researcher makes reference to the study done by Holland et al. (1991, as cited in Willig, 1998), which investigated the negotiation of safer sex among young heterosexuals. According to Willig (1998) this study found that a woman's request for condom use can constitute a challenge to dominant construction of heterosexual activity. For example when a young woman insists on the use of a condom for her own safety, she is going against the construction of sexual intercourse as man's natural pleasure and woman's natural

duty. Exploring the discourses that students draw upon will be useful in exploring why students would perceive some risks as more significant than others and how such discourses possibly inform the management of the risks of sexual activity. In relation to sexual activity, Hollway (1984) identifies three discourses: the male sexual drive, the have/hold and the permissive discourse. Willig (1995) identifies a fourth discourse namely the marital discourse. The discourses are referred to by Willig (1995) as discursive resource that people draw upon when they construct particular versions of reality.

2.6.1. The male sexual drive discourse (MSDD)

The male sexual drive discourse is characterized by the assumption that men are driven by a biological necessity to seek out sex (Hollway, 1984; Willig, 1998). Hollway (1984) further asserts that the main tenet of male sexuality is the assumption of an inherent biological drive. This drive is the product of a need to ensure reproduction of the species or to prove virility (Hollway, 1984). In addition, this discourse is described by Wilbraham (1999) as the way in which men are programmed to seek sexual variety with women being the object of their sexual desire, from which they gain their status.

2.6.2. The have hold discourse (HHD)

Hollway (1984) argues that the have/hold discourse involves the assumption that sex must happen in the context of monogamy, partnership and family life. In this discourse a woman's sexuality is defined in terms of satisfying a need for the maternal instinct and family life. In addition, this discourse is characterized by the inherent belief that a woman's sexuality is "rabid and dangerous and needs to be controlled" (Hollway, 1984, p.232). Hollway (1984) contends that women are not the mere victims of the male sexual drive. Rather, she argues that one of the goals of a woman's sexuality is to attract and keep a man as there is power and status given to women who are able to attract and keep a man (Hollway, 1984; Willig, 1998). Consequently, females tend to participate in unsafe sex with their partners because they fear that if they refuse they might lose their partners. And because women are viewed as objects that precipitate men's natural sexual urges, women are disposed to accept this role as their aim is to hold on to the men (Willig, 1998).

2.6.3. The permissive discourse (PD)

The permissive discourse assumes that the individual is at the centre of their sexuality, not the relationship itself (Hollway, 1984). Within this position the assumptions of the male sexual

drive discourse can be applied to women as well. To explain further, both male and female have a belief that they have a right to express their sexuality in any way, as long as no one is harmed. According to Hollway (1984), in this discourse women are seen as having the ability to initiate a sexual relationship based on the assumption that a women's sexual drive is on a par with men's. People informed by this discourse position themselves in a way that it is socially acceptable to have a sexual drive equivalent to their male counterparts.

2.6.4. The marital discourse (MD)

The marital discourse is the discourse according to which marriage and long term relationships are incompatible with condom use (Willig, 1998). According to Willig (1998) "the marital discourse constructs marriage as sexually safe by definition, and it positions spouses as not at risk from sexually transmitted HIV infections because it proscribes sexual partners outside the relationship" (p.386). The marital discourse consequently positions spouses as potential victims of HIV infections since they are unable to question their partners' risk status (Willig, 1998). According to Willig (1995) people in relationships view their non-use of the condom as a symbol to show that they trust one another. She substantiate that "the maintenance of trust requires risk- taking within marital relationship. As a result, spouses are always vulnerable to being deceived and are, therefore, potential victims of their partners" (Willig, 1998, p.386).

For the purpose of this study the researcher also looked out for which discourses students adopted in framing their sexual activity, and how if at all, they informed their beliefs and perceptions of risks in sexual activity, hence their ability to negotiate safe sexual activity and manage the respective risks. Willig (1998) proposed that in acknowledging HIV-vulnerability in high risk-groups, there may be reasons for not practicing safe sex which are specific to these groups. According to Willig (1998), these need to be understood in order to facilitate the design and implementation of effective AIDS Education.

2.7. HIV/AIDS amongst black female students

According to HEAIDS (2010b) the highest HIV prevalence rate among tertiary students across the 21 of 23 South African institutions occurred among African female students. This survey established that women were more than three times as likely to be HIV infected compared to their male counterparts as indicated by the prevalence of 4.7 % and 1.5% respectively (HEAIDS, 2010b). In addition, HEAIDS (2010b) revealed that "the HIV

prevalence was highest among African students (5.6%) compared with the one case of HIV among the 3112 white students, 0.8% coloureds, and 0.3% of Indians were found to be HIV positive” (p.29). A number of structural factors such as socio-economic status and educational background facilitate women’s vulnerability to the risk of HIV/AIDS (UNAIDS, 1999).

2.8. Vulnerability of tertiary students

Research has shown that the highest group found to be infected with HIV/AIDS in South Africa is the age-group 15 to 29 years, which is the age group consisting of the majority of tertiary students. This youth high-risk group accounts for 60 % of all new infections in many countries, including South Africa. Kamungoma-Dada (2007) described HIV/AIDS as a disease that has increasingly become a disease of the young, with young adults aged 15-24 accounting for half of the some 5 million new cases of HIV infections worldwide each year. The study by Simelane (2005) indicates that the lifestyles of students on university campuses are placing them at risk of contracting HIV as the university environment has been shown to encourage sexual activity among the general student population. Likewise, Simelane (2005) advocates that among the reasons why tertiary students are also highly infected is their tendency to want to experiment with sex, drugs and alcohol, which are behaviours that can increase HIV risk factors.

Furthermore, Simelane (2005) maintains that factors such as women’s anatomy, low social status of women, economic dependence on men and power imbalances renders women the most vulnerable group to HIV infection. Although knowledge about a disease is a prerequisite for change of behaviour, an increase in knowledge about HIV does not translate into behavioural change (Kenyon et al. 2010; Simelane, 2005). Therefore, an understanding of other factors that might be contributing to or hindering behaviour change is essential.

2.9. HIV/AIDS knowledge, perceptions and behaviour change amongst students

Several studies have examined the HIV/AIDS knowledge level of adolescents and young adults and have found moderate to high levels of knowledge about AIDS across races (Simelane, 2005). With regard to knowledge on campuses, the HEAIDS (2010a) survey reported adequate knowledge of HIV and AIDS transmission among tertiary students across the 21 universities. HEAIDS (2010a) also documented students’ complaints of being bored with AIDS education. In a local 2010 study by Mahat and Scoloveno (2010) to determine the

effectiveness of a peer education program in improving urban adolescents' HIV/AIDS knowledge and self-efficacy for limiting sexual risk behaviours, it was found that the majority of the participants had a moderate level of knowledge. Most participants were aware that HIV is transmitted via sexual intercourse, sharing needles to take drugs, and through an HIV-infected mother to her unborn baby.

However, an increase in knowledge about HIV does not predict behaviour change (MacPhail & Campbell, 2001). According to MacPhail and Campbell (2001), a requirement for translating knowledge into behaviour change is a feeling of personal vulnerability to HIV infection, i.e. perception. In their study MacPhail and Campbell (2001), found that 70% of young men said that there was no chance of them becoming infected or that they did not know whether or not they were personally vulnerable, indicating that they did not connect their own behaviour with HIV risk messages. In their study, Kenyon et al. (2010) similarly found that only a small proportion of the South African youth population regarded themselves to be at any significant risk for HIV in South Africa. According to Durojaiye (2008), the failure to perceive HIV/AIDS as a personal risk has prevented a majority of youth from making commitments to change their sexual behaviour, hence they are the group with the highest infection rate.

In the Durojaiye (2008) study on HIV knowledge, perception and sexual behaviour among Nigerian youth, it was found that despite the relatively high knowledge about sexual transmission of HIV, 74% of the participants did not believe that they were personally susceptible to HIV. The findings of this study suggested that risk perception influences use of condoms during sex (Durojaiye, 2008). An individual who perceives themselves to be at high risk of contracting HIV is more likely to use a condom during sex than one that does not perceive themselves to be at risk. Local studies have likewise found that students perceive themselves to be at no or low risk of contracting HIV hence do not use condoms consistently, or they are more concerned about the risk of pregnancy (Deacon, 2009; Matlala, 2010). This is concerning and calls for an exploration of other possible factors that may influence students, with high access and exposure to HIV/AIDS prevention campaigns to still engage in risky sexual behaviours.

The HEAIDS (2010a) survey further revealed that a mixed methods study conducted among students at three universities in KwaZulu-Natal found that over three quarters had had sex in

the past year and that around two fifths had more than one partner during that period. HEAIDS (2010a) also indicates that around a quarter of students had not used condoms at last sex. The students reported that government-distributed free condoms were of poor quality and 'unsafe' in comparison to brands that could be purchased (HEAIDS, 2010b).

Naidoo and Kasiram (2006) conducted a study on pregnancy at the University of KwaZulu-Natal on the Westville Campus. This study found that unplanned pregnancy was a problem at this campus and this was evident in the increasing numbers of students presenting to the students counselling centres with issues related to pregnancy, for support and guidance (Naidoo & Kasiram, 2006). Naidoo and Kasiram (2006) found that even though students were educated and had access to health services, including intervention campaigns about risks and prevention of risks in sexual activity, students were still not able to negotiate safer sexual practices.

Chitamun and Finchilescu (2003) conducted a study to investigate the factors influencing South African female students' decision about whether or not to engage in premarital sexual intercourse. This study utilised the Fishbein-Ajzen prediction model and focused on the intention of currently sexually inexperienced women to engage in sexual activity. According to Chitamun and Finchilescu (2003), the results of this study indicated that the intention of South African female students to engage in premarital sexual relations is influenced mainly by attitudinal factors, with subjective norms playing a lesser but significant role. The study also indicated that there was clear awareness of the threat of HIV contamination through sexual activity. Despite this clear awareness, students still engaged in unprotected sexual activity due to the fears of emotional distress and rejection by a sexual partner if they did not sleep with them (Chitamun & Finchilescu, 2003). According to UNAIDS (1999), most of these theoretically driven interventions rely on the assumption that giving correct information about transmission and prevention will lead to behavioural change. Yet, according to UNAIDS (1999), "research has proven numerous times that education alone is not sufficient to induce behavioural change among most individuals" (p.5).

In addition, UNAIDS (1999) proposes that because complex health behaviours such as sex take place in context, socio-cultural factors surrounding the individual must be considered in designing prevention interventions. According to UNAIDS "beyond the individual and his or

her immediate social relationships lie the larger issues of structural and environmental determinants that also play a significant role in sexual behaviour” (p.5).

The Deacon (2009) and Matlala (2010) studies found that university students are still engaging in unsafe sex. These studies found that student participants perceived themselves to be at no or low risk of contracting sexually transmitted infections, particularly HIV, and were not taking any protective measures. The study by Matlala (2010) reported that students were found to be worried about pregnancy and were protecting themselves from the risk of pregnancy by taking hormonal contraceptives, leaving them exposed to HIV infections.

2.10. Management of risks in sexual activity

2.10.1. Managing the risk of HIV and condom use

Given that young people including university students in South Africa are the most at risk for contracting HIV/AIDS, a number of HIV/AIDS-related awareness and preventative programmes have been implemented to combat the spread of sexually transmitted infections among the youth population (Hoosen & Collins, 2004). One of these programs is the ABC campaign that encourages youth to abstain from sexual activity, to be faithful to one's partner, and to use a condom during sex. However, Hoosen and Collins (2004) have highlighted that such HIV-prevention programmes indicate that simply providing HIV-related information plays a limited role in changing sexual practices and emphasize that knowledge of HIV-risk does not directly translate into safe sexual practices.

Shisana et al. (2009) assert that consistent and correct condom use is one of the most effective means for managing the risk of HIV infection. According to the HEAIDS (2010a) study, condom use at last sex was high among students compared to other groups with a record of 65% among males aged 18–24 and 60% among those aged 25 and older across the 21 South African tertiary institutions. While this national statistic reflects that there has been an increase in condom use among the youth population, HEAIDS (2010a) indicated that students reported that condoms are most often used in casual, once-off, and new sexual relationships. In the HEAIDS (2010a) study it was indicated that condom use at last sex was high among students compared to other groups. However, a qualitative study on the UKZN Pietermaritzburg campus showed students are not using condoms, at least not consistently (Matlala, 2010).

Another study by Mulwo, Tomaselli and Dalrymple (2009) on students at the three KwaZulu-Natal universities demonstrated that despite the increase and widespread in awareness of HIV/AIDS and methods through which HIV infections can be prevented, this awareness has, nevertheless not influenced behaviour changes. This was evidenced by high levels of self-reported lack of or inconsistent use of condoms, and the high levels of HIV infection (Mulwo, Tomaselli & Dalrymple, 2009).

2.10.2. Managing the risks of pregnancy and contraceptive use

Managing risks in sexual activity involves having knowledge about the risks and what preventative methods are available and what they prevent. According to Brook et al. (2006), among sexually active black African women aged 15–24 years in South Africa, the prevalence of current modern contraceptive use is 64.4%. These are inclusive of the hormonal (pill and injectables) and barriers (male and female condoms, cap and IUD). In the local university studies at the Pietermaritzburg campus, Deacon (2009) found that hormonal contraceptives including the pill, the injectables and emergency contraceptive pill were high amongst students. HEAIDS (2008) revealed that there are students who appear to use emergency contraception as their preferred method of birth control. HEAIDS (2008) contend that they have cases where students would come in to the campus clinics five to six times for the morning-after pill.

2.11. Chapter summation

HIV prevalence is high among South African youth, including tertiary students. Young African women continue to be disproportionally affected by the high HIV/AIDS pandemic. Despite high HIV prevalence and high rates of sexual risk behaviours in South Africa, young people often perceive themselves as being at low or no risk of HIV infection. This is particularly concerning given the amounts of HIV/AIDS awareness and prevention efforts that have been initiated to help educate and raise awareness about HIV/AIDS. It is of concern that despite the increase in knowledge and HIV-related prevention programs young people are still at risk and not much change has occurred in their behavior. It is also of concern that university students are also engaging in unprotected sex. Given the social nature of sex it therefore seems necessary to undertake a social constructionist research study that takes into account people's daily experiences, varying norms and societal contexts and to consider more carefully how societal norms may intersect to influence risk perceptions and risk behaviours among young people. Therefore this study seeks to address this gap between knowledge and

behaviour change by exploring how discourses inform youths' perceptions and management of risks in sexual activity.

The chapter has highlighted the limitations of the KAP model and its related behaviour change theories. The limitations of these theories in relation to HIV and behaviour change justified why this study assumes a social constructionist approach to understanding students' sexual behaviour. It is argued that while behavior change (correct and consistent condom use) can help reduce one's vulnerability to risks in sexual activity, significant behaviour change among the youth population has not occurred despite the efforts that have been put in place. Hence, a qualitative social constructionist study about students' perceptions of risks of engaging in sexual activity and how they manage these risks is therefore pertinent for the development of effective strategies to fight HIV/AIDS amongst the high risk group.

Social constructionism is defined by Gergen (1985) as a perspective that believes that human life exists as a result of social and interpersonal influences. Likewise, Hoffman (1990) argues that social constructionism assumes that knowledge is constructed through social interpretation and influences of language, culture and family. It assumes that reality is socially constructed. According to Burr (1995) a social constructionist perspective focuses on uncovering the ways in which individuals and groups participate in the construction of their perceived social reality. Burr (1995) argues that language plays a role in our constructions of our selves. Burr further argues that "our experience of the world, and perhaps especially of our own internal states, is undifferentiated and intangible without the framework of language to give it structure and meaning" (1995, p.34).

Social constructionists according to Nightingale and Cromby (1999) argue that the world we experience and the people we find ourselves to be are first and foremost the product of social processes. They illustrate that "neither God nor individual consciousness but society itself is the prime mover, the root of experience" (Nightingale & Cromby, 1999, p.4). It is the social reproduction and transformation of structures of meaning, conventions, morals and discursive practices that principally constitutes both our relationships and us. According to Nightingale and Cromby (1999), this implies that language, both as the dominant carrier of categories and meanings and as the medium which provides much of the raw material for our activity, is central. In addition, Edward and Potter (1992) argue that social constructionism enables investigating the ways in which processes, events and qualities are presented and modelled in

language, the discursive, as it concentrates on how descriptions of what is real are made, transferred and changed overtime.

Overall, social constructionism views the individual as the constructor of knowledge in their own life assisted by the discourses in their cultures, societies and life experiences. Therefore, explaining the use of sexual discourses such as the MSDD, HHD, PD and MD identified by Hollway (1984) and Willig (1998) respectively, by students could play an an important role in understanding students' perceptions and management of risks in sexual activity, given that discourses have a major influence in creating knowledge and reality for individuals. Hence, adopting the social constructionist approach in this research study enables the exploration of perceptions and management of risks in sexual activity among African female students and whether these discourses have any meaningful influence on their sexual relationships and the responsibility taken to manage the risks in sexual activity. It also provides the opportunity to explore why substantial behaviour change has not occurred in a population that is educated, with high exposure to educational programmes to educate about the HIV/AIDS pandemic in South Africa. Conversely, the study could contribute to addressing the gap in literature. It can also potentially contribute to interventions which address the discursive framework in society, rather than merely focusing on increasing knowledge of HIV and AIDS.

CHAPTER THREE: AIM AND RATIONALE

3.1. Main aim of the research

The aim of the study is to understand why it is that the rate of HIV infections amongst the student population remains high, particularly at the University of KwaZulu-Natal, despite exposure to HIV/AIDS prevention interventions/campaigns and also access to resources and educational programmes at this tertiary institution alone. This study presumes that there are social factors that have not been taken into account or addressed by existing behaviour change interventions which are largely informed by cognitive theories such as the HBM, TRA, TPB and SCT. Therefore, the stance taken by this research study is that of social constructionism which may help us understand why people, particularly educated female students, would engage in risky sexual behaviour, given their understanding of the risks and consequences involved brought about the intervention initiation throughout the country.

By focusing on discourses, i.e. language, the study will help explore some of the factors informing students' understanding, beliefs and, or perceptions about risks in sexual activity, which consequently inform students' behaviour and how they manage these perceived risks. These factors may provide recommendations to strengthen HIV/AIDS awareness and prevention programmes in South Africa, targeting students and young people. The primary aim of this study thus is: (1) to gain an insight into how women students perceive, understand and negotiate sexual activity/relationships at university. The secondary aim is (2) to establish students' perceptions of the risks in sexual activity and (3) to establish how then do those perceptions, understandings, and or beliefs inform what women do in terms of preventing or protecting themselves from the risks of (a) unplanned pregnancy, (b) HIV/AIDS.

3.2. Objectives of the research

Black South African young adults are disproportionately affected by the HIV/AIDS epidemic and are often unaware of their personal susceptibility for HIV/AIDS. Historically, black female students have higher HIV infection rates than their white counterparts. Therefore, the objectives of this study are:

- To explore the awareness of black African students about risks in sexual activity.
- To investigate black African students' perceptions of the risk of HIV infection.

- To gain insight into what is normative about sexual behaviour and HIV/AIDS at university.
- To explore how discourses inform black African students' perceptions, beliefs and sexual practices.
- To explore how black African students argue about or justify their sexual behaviour.

3.3. Research questions

The following research questions guided the data collection and analysis in this study:

- What do students at a local campus perceive as risks in sexual activity?
- What do students know about ways of managing risks in sexual activity?
- How do discourses inform students' actions regarding their sexual practices?
- How do students' perceptions and knowledge inform the way students respond to the risks in sexual activity?
- How do students justify their action regarding their sexual practices?
- How do students justify their action regarding their methods of managing risk in sexual activity?

According to Naidoo and Kasiram (2006), the outcomes of risky-sexual behaviour are detrimental to the lives of many university students and it is difficult and requires support. Thus this research will help understand, from a social constructionism perspective, what students understand about risks of sexual activity, how they perceive themselves as being vulnerable to HIV/AIDS, how their understanding and beliefs inform how they behave in relation to HIV/AIDS. Using a social constructionist method such as the discourse analysis method will enable assessing if students draw on any of the sexual discourses, and if so, which discourses do students draw upon, how and why. This understanding of students' perceptions and their reasoning that may be produced by undertaking this study will be important when designing interventions that should benefit this population. In other words, the findings regarding what students perceive as risks of sexual activity, and how they respond to these risks in relation to the discourses can facilitate the design of prevention programs to combat risky behaviour and risks of HIV infections and unintended pregnancies.

CHAPTER FOUR: METHODOLOGY

4.1. Introduction

This chapter justifies the paradigm and methodological approach and describes the study design chosen. The population, data collection, validity and reliability of the instrument and methodology are described and the ethical considerations regarding the study are explained.

4.2. Theoretical framework and research paradigm

This study fits within the social constructionist paradigm. According to Terre Blanche, Kelly and Durrheim (2006) social constructionism is a research approach that seeks to analyse how signs and images have the power to create particular representations of people and objects. They further highlight that social constructionism takes language seriously and that like their interpretive counterparts, social constructionist methods are concerned with meaning. Constructionism, according to these authors, holds that the human life-world is fundamentally constituted in language and that language itself should therefore be the object of study and thus it is concerned with broader patterns of social meaning encoded in language. Similarly, Burr (1995), views social constructionism as rooted in language and explains that language provides us with a way of structuring our experience of ourselves and the world, and that the concepts we use do not pre-date language but are made possible by it. As a paradigm social constructionism according to Terre Blanche and Durrheim (1999) sees the world as socially constructed. Using this paradigm enabled the exploration of how students used language to defend, argue and reason for the positions they take in relation to risks of HIV infection and pregnancy.

4.3. Research design

This study makes use of a discursive qualitative research design. Discursive qualitative research according to Willig (2008) is qualitative research that is concerned with the role of language in the construction of reality. She explains that qualitative methods are therefore essentially social constructionist because they conceptualise language as a form of social action that constructs versions of reality. A discursive qualitative research design would enable the exploration of the justification of risk taking behaviour in sexual activity amongst students, despite the HIV/AIDS education programmes implemented in South Africa and in South African Higher Education Institutions.

4.4. Sample

4.4.1. Sampling method

In this qualitative exploratory study a convenience and purposive sampling was used. According to Kelly (2006), convenience sampling suggests that sampling depends not only on availability and the willingness to participate, but that cases that are typical of the population are studied. According to Silverman and Marvasti (2008), purposive sampling is based on choosing participants according to their theoretical relevance to the research question. Purposive sampling was used to select participants into this study as the research was particularly targeting educated African female and sexually active students. Convenience sampling according to Henry (1999) involves selecting participants who are easily accessible. Convenience sampling was suitable for this study because it enabled the recruitment of those who were willing to participate and discuss sexual relationships, a slightly sensitive topic.

4.4.2. The sample

African female students from the University of KwaZulu-Natal were selected to participate in the study. These particular participants were selected because the researcher wanted to explore how young African female students perceive the risks in sexual activity and what they do to manage risk. The criteria for the selection of participants for the study were female students in the age range of 18-25 years. This gender and age range was chosen because this is a high risk group for HIV infection (Statistics South Africa, 2003). In order to participate, participants had to be sexually active and studying at the University of KwaZulu-Natal, Pietermaritzburg campus, and willing to participate in the study. The study initially aimed at 10 participants across the different Colleges for the focus group discussion. However, possibly due to the sensitive nature of the topic and students' time constraints, we ended up with a total of 9 participants from only two faculties. The study also conducted individual interviews by re-inviting 2 participants that were in the focus group and who were available and willing to share more of their personal sexual experiences. Even though all participants were registered students from across the different Colleges and levels of study on the Pietermaritzburg campus, the sample size was very small. As this was a small qualitative study, the results can only be considered in terms of transferability to similar people in similar contexts (this will be discussed in detail later). Findings might therefore be transferrable to black female students in similar tertiary contexts.

4.4.3. Recruitment

Recruitment and data collection was done under the Safe Sex Project (SSP). The Safe Sex Project was a small College funded research project designed to gather data on contraceptive use on campus and supervised by a research supervisor and research assistant. The project team included three honours and one masters students. Posters of the research project asking for volunteers were displayed on campus with the project title and contact details of the group (see Appendix 1) as means of recruiting participants. Permission to advertise the study by putting up posters was obtained from Risk Management Service (see Appendix 2). Letters were also written to the heads of different Disciplines on campus to acquire permission to recruit participants from lecture theatres (see Appendix 3). Upon obtaining permission from relevant faculties/disciplines, and relevant heads of schools, as a team of researchers, we made announcement in lectures across different disciplines including Psychology, Management Studies, Geography, Commerce, Agriculture and Education to inform students about the study. Participants were recruited this way because the sensitive nature of the study meant that all participation must be voluntary. On the adverts and in talks in lectures a project group email account and cell phone number were given to students. Flyers were also handed to students in lecture theatres and around campus with the contact details of the researchers (see Appendix 4). As a group, we opened a Gmail account where prospective participants were encouraged to send emails and leave their details. We also had a cellphone number and students were encouraged to send “please call me’s”, or text messages and they were then contacted by one of the researchers on the team. A wide variety of students across gender and race responded to the advert and they were teamed with the same race and gender researcher. I therefore worked with the black female students.

The following questions were asked of students to see if they met the criteria of the study, namely:

1. Are you sexually active?
2. What is your relationship status? (i.e. are you single or in a relationship)
3. What is your year of study?
4. What is your gender?
5. What is your age?
6. Which College do you belong to?

If the students met the above criteria they were contacted to arrange a time and date for conducting the focus group and or individual interviews. Eligible participants were then invited to the focus group discussion and were emailed information sheets. Even though eleven participants had initially responded, the final sample ended up with nine participants for the focus group discussion. All nine participants who had participated in the FGD were invited to participate in the Individual Interview, however, due to the time constraints for the students, only two could make it and be part of the individual interviews. The following tables contain the demographics of the 2 participants for the individual interviews and the 9 participants for the focus group discussion.

Table 1: Individual interview participants' demographics

Pseudonyms	Gender	Race	Age
Bubbles	Female	Black	22
Belle	Female	Black	22

Table 2: Focus group participants' demographics

Pseudonyms	Gender	Race	Age
Zama	Female	Black	19
Gugu	Female	Black	21
Blossom	Female	Black	24
Mboo	Female	Black	21
Belle	Female	Black	22
Anele	Female	Black	21
Lisa	Female	Black	19
Nicky	Female	Black	21
Bubbles	Female	Black	22

4.5. Data collection

In this study, data was gathered through two qualitative data collection techniques, namely focus groups and individual interviews, from black female students at the University of KwaZulu- Natal Pietermaritzburg campus. The focus group and individual interviews were

conducted in the Research Psychology Laboratory during the afternoons a period during which most of the participants finished lectures.

4.5.1. Focus group

Strydom, Fouché and Delport (2002) describe a focus group as a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment. According to Merten (1998) focus groups are, in essence, group interviews that rely not on a question-answer format of interview but on the interaction within the group. Focus groups were chosen in this study to allow participants the freedom to engage in a free flowing discussion thus giving them the opportunity to say what they want to say on the issue while allowing them to elaborate on their views within a group setting. According to Merten (1998), this reliance on interaction between participants is designed to elicit more of the participants' points of view than would be evidenced in more researcher-dominated interviewing. Strydom et al. (2002) argue that the purpose of focus groups is to promote self-disclosure among participants and they are useful when multiple viewpoints or responses are needed on a specific topic, which can be obtained in a shorter period of time than in individual interviews. Since this is a social constructionist study, exploring participants' perception on the topic of risks in sexual activity, this technique was very crucial. Focus groups also create a process of sharing and comparing among participants which thus means that participants had the freedom to share, compare and elaborate on their views. Therefore, this was useful for this study because the focus was on gaining students' experiences, their perceptions and management of risks in sexual activity.

The focus group was conducted in the Research Psychology Laboratory at the Discipline of Psychology and the discussion was for 1 hour and 18 minutes. The researcher began the focus group by introducing herself and the research assistant who helped with the sound equipment. Thereafter, the researcher handed out the study information sheet to each participant and went through and explained each page of the information sheet with the participants in the group to ensure that they understand what the study was about and what was expected of them (see Appendix 5). This information sheet included information about what was going to happen to the data collected, dissemination of results as well information about the storage and destruction of data. Participants were also given the participation information sheet to keep, just in case they needed any necessary contact details.

In addition, the research process was discussed with participants and issues of confidentiality and how data will be used was discussed. Participants were also given a Consent form (see Appendix 6) and an Audio Consent form (see Appendix 7) which was discussed in the group. Each participant had to sign the Consent form to consent to voluntarily be part of the study. They also had to sign the Audio consent form to consent to be audio recorded. Participants were informed that their participation was voluntary. They were also assured that they would not suffer any penalties should they wish to withdraw from the focus group at any time. While there were no direct rewards for participating in the study, participants were offered refreshments to help make the environment as comfortable as possible during the focus group session. Also, at the end of the discussions, all participants of this study were given R30 vouchers to spend at a university coffee bar and brief notes to thank them for taking time to participate in the study. Participants were explained that the refreshment and R30 voucher were not research incentive but rather, they were being compensated for their time. This payment was to compensate them for the time they had given to the research process.

Thereafter, all participants were given confidentiality group pledges (see Appendix 8). This confidentiality group pledge is an ethical document that all the participants had to sign to ensure that participants understood their ethical responsibility to respect one another's privacy. Each participant signed this document to commit to keep the identity of other participants and everything that was discussed in the focus group private and confidential. They were verbally informed about the limits to confidentiality in a focus group setting, and advised that they should be careful not to share personal information that they would not want other people to know about as it difficult to maintain and ensure confidentiality in a group. They were also requested to fill in a demographics sheet consisting of information regarding their name, gender, age, language and discipline/college. This information was collected for recording purposes and participants were assured by researchers that their details were not going to be linked to their data. Each participant was asked to give themselves a pseudonym to ensure confidentiality and protection of their identities.

A semi-structured FG schedule was used to facilitate the group discussion. This was developed collectively by the SSP group of researchers by putting together our research questions in line with each other's aims and objectives. The initial draft of this FG schedule was then revised and checked until each individual team member was sure that their research questions would be addressed by the standardized schedule. The focus group explored what

students know about risks in sexual activity; investigated students' perceptions of the risk of HIV infection; assessed students' perceptions of the risk of unplanned pregnancy; explored students' knowledge of preventative practices in relation to these risks, for example, use of condoms and contraceptives; explored why students prioritise some risk such as pregnancy, over that of HIV/AIDS, and explored how students argued or justified their behaviour (see Appendix 9 for the schedule).

The FG schedule was arranged in a way to facilitate assessing participants' knowledge of sexual risks, perceptions of sexual risks and methods of managing them. This was used because the aim was to explore what the participants perceived as risks in sexual activity and how these perceptions inform how they consequently manage these risks. The focus group discussion comprised a group that was representative of the high at risk group, i.e. African females. Being a researcher of the same race and gender as the participants facilitated rapport building. During recruitment potential participants said that they would be more comfortable, and would participate, if the group was a single race and single gender environment.

The FG was conducted in English, audio taped and where necessary the participants were allowed to respond in *IsiZulu* to eliminate the language barrier, since majority were *IsiZulu* speaking. Although two of the participant's home language was *SiSwati*, they were both also fluent in *IsiZulu*, and had no problem with responding in English and or *IsiZulu*.

At the end of the discussions, all participants of this study were given R30 vouchers to spend at a university coffee bar and brief notes to thank them for taking time to participate in the study. This payment was to compensate them for the time they had given to the research process.

The audio-recordings were then transcribed and, where necessary, translated by the researcher from *IsiZulu* to English for analysis. The translated and transcribed data was distributed to the Safe Sex Project.

4.5.2. Individual interviews

Qualitative interviews according to Taylor and Bogdan (1984) are non-directive, unstructured, non-standardised and open-ended. An interview, according to Taylor and Bogdan (1984), allows for understanding participants' perspectives on their lives, experiences

and situations as expressed in their own language. Individual interviews were chosen in this study because it allowed for the exploration of students' perceptions, personal accounts and experiences and how they justified their experience in sexual activity which could have been restricted in a group setting. Since this was a social constructionist study, this technique was very crucial for exploring participants' personal accounts on the topic of risks in sexual activity. Therefore, individual interviews were useful in this study because they enabled an exploration of female students' experiences, their perceptions and management of risks in sexual activity.

For practical reasons relating to availability of participants and time constraints, only two out of the nine participants were available for the individual interview following the focus group discussions. Both interviews comprised of black female students between the ages 18-24 years.

The interviews were held at the Research Psychology Laboratory at the Discipline of Psychology. The first interview took about 50 minutes and the second interview took about 40 minutes. At the beginning of the individual interviews, the researcher introduced herself and the research study and thanked the participants for availing themselves again. The researcher then gave the participants information sheets about the study (see Appendix 10). This information sheet explained what the study was about, it contained my supervisor's contact details as well as those of the Humanities Research Ethics Committee should they have any questions and complaints regarding the study. Each participant received a copy of the information sheet to keep for future use. The research process was discussed with the participants and issues of confidentiality and how the study data will be used was given to them. In addition to this, participants were given two informed consent forms; one to consent to do the interview and one to consent to being recorded, which the researcher explained thoroughly to each participant. In both the individual interviews, participants had to sign the consent forms if they agree to be part of the study (see Appendix 6) and the Audio consent form (see Appendix 7) to consent to the audio recording the interview. They were also requested to fill in a demographics sheet. This sheet asked for information regarding their name, gender, age, language and discipline/college. This information was collected for recording purposes and participants were assured by researchers that their details were not going to be linked to their data. Each participant was asked to give themselves a pseudonym to ensure confidentiality and protection of their identities during the data collection process

and when analysing the data. When conducting the individual interviews the participants were assured that their identities would not be disclosed as they had replaced their names with the pseudonyms throughout the study.

The semi-structured interview schedule (see Appendix 11) was adapted from the FG schedule and focused on individual perceptions of risks in sexual activity and personal experiences of managing the respective risks in sexual activity. It investigated students' perceptions of the risks in sexual activity, and explored how students manage risks in sexual activity. The interview schedule enabled to explore individualised or personal accounts of beliefs, knowledge, perceptions and management of risks in sexual activity. This schedule was also arranged in a way to facilitate assessing participants' knowledge of sexual risks, perceptions and methods of managing the respective risks.

The interviews were conducted in English and where necessary the participants were allowed to respond in *IsiZulu* to eliminate the language barrier, since the majority were *IsiZulu* speaking.

At the end of the interview, participants were given R30 vouchers to spend at a university coffee bar and brief notes to thank them and compensate for the time they had spent participating in the study.

The audio-taped interview recordings were then transcribed and, where necessary, translated into English by the researcher for analysis.

4.6. Data analysis

This discursive qualitative study used a combination of thematic analysis and discourse analysis techniques. The data was transcribed using transcription conventions adapted from Du Bois et al. (1993, see Appendix 14) as this is a social constructionist study. Since this project was part of a larger group, the research study team read through transcripts and conducted a workshop on preliminary analysis of data. The transcripts were then coded and analysed using two data analysis methods 1) thematic analysis and 2) discourse analysis. The researcher engaged with the transcribed material trying to immerse herself into the data. Themes arising from the responses were identified, highlighted and linked to the main

research objectives and the main research questions. Applying the method of discourse analysis, the researcher used the language of the participants to label the themes and codes. For example the theme of “perceived risk” was used to locate and highlight discussions that centred on the dominant risks identified by students. The researcher identified discourses across the different themes and then conceptualised the positions students assumed which were evident in the themes such as perceived risks and management of risk.

4.6.1. Thematic analysis

The qualitative data analysis techniques that were used in this study included thematic analysis and discourse analysis and were guided by the theoretical perspectives of the study, namely social construction. Fereday and Muir-Cochrane (2006) describe thematic analysis as the search for themes that emerge as being important to the description of the phenomenon. Braun and Clarke (2006) describe it as a method for identifying, analysing and reporting patterns or themes within data. It minimally organises and describes your data set in rich detail (Braun & Clarke, 2006). The process involves the identification of themes through careful reading and re-reading of the data.

Braun and Clarke (2006) describe thematic analysis as a data analysis tool that offers an accessible and theoretically-flexible approach to analysing qualitative data. Braun and Clarke (2006) argue that although thematic analysis is often framed as a realist/experiential method thematic analysis is essentially independent of theory and epistemology and can be applied across a range of theoretical and epistemological approaches and is compatible with both essential and constructionist paradigms in psychology. Therefore, Braun and Clarke (2006) advocate that through its theoretical freedom, thematic analysis provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex account of data. Braun and Clarke (2006) further argue that thematic analysis can be a constructionist method, which examines the ways in which events, meanings, realities, experiences and so on are the effects of a range of discourses operating within society.

According to Braun and Clarke (2006, p.81):

Thematic analysis can also be a contextualist method, sitting between the two poles of essentialism and constructionism, and characterised by theories such as critical

realism which acknowledge the ways individuals make meaning of their experience, and, in turn, the ways the broader social context impinges on those meanings, while retaining focus on the material and other limits of reality.

Therefore, since thematic analysis can be a method which works both to reflect reality and to unravel the surface of reality as suggested by Braun and Clarke (2006), thematic analysis will be useful as a data analysis method for this social constructionist study. It will likewise enable examining the ways in which students draw on a range of discourses operating within society to discuss and explain sexual experiences, events, and meanings. It enabled identifying broader patterns of social meaning encoded in their use of language.

In this study, data analysis followed Braun and Clarke's (2006) six phase guide of doing thematic analysis: (a) "familiarising yourself with your data", (b) "generating initial codes", (c) "searching for themes", (d) "reviewing themes", (e) "defining and naming themes", and (f) producing the report. The analysis of the data addressed these as follows. The researcher personally conducted the interviews and transcribed the audio taped interviews. This step of listening over and over again to the audio taped data during translating and transcribing phase provided an early exposure to the data and helped the researcher to familiarise herself with the data and content of the data.

After the researcher had completed transcribing the data, the transcripts were read four times. On the first two times, the researcher tried to read and not to make any interpretations or analysis but checked the transcripts back against the original audio recording for accuracy (Braun & Clarke, 2006). During this stage the researcher made notes for further use in the analysis. On the third reading, the researcher started highlighting interesting themes that were emerging. The researcher then generated a list of all the common ideas and themes that were recurring in the data set. All the data transcripts were then printed enabling the researcher to write down comments, themes, and questions that would emerge while the researcher went through the transcripts. Transcripts were read twice enabling the researcher to also make side notes in terms of emerging themes and ideas. Again, these emerging themes were re-written down and then compared with the existing ones. At this point the researcher used the two lists to think about the relationship between the coded and themes that had emerged.

The researcher then made a set of themes, and began to review and refined these main themes until the researcher got a coherent pattern in the themes. Thereafter, the researcher proceeded to the phase of defining and naming themes. At this point the researcher further refined and defined the themes that were relevant to be presented for the analysis. The researcher then analysed the data within these themes and data extracts to provide a coherent and interesting account of the story the data tell within and across themes (Braun & Clarke, 2006).

4.6.2. Discourse analysis

The second method of analysis followed was Willig's (1999) 'applied discourse analysis'. Discourse analysis is concerned with the ways in which language constructs objects, subjects and experiences, including subjectivity and a sense of self (Willig, 1999). According to Willig (1999, p. 2):

Discourse analysts conceptualize language as constitutive of experience rather than representational or reflective. They argue that the linguistic categories we use in order to describe reality are not in fact reflections of intrinsic and defining features of entities. Instead, they bring into being the objects they describe.

The discourse analytic method was selected because it focuses on language and allowed for the exploration of how in conversation participants provide reasons for their perceptions of sexual risky behaviour and how they manage these risks (Starks & Brown Trinidad, 2007). According to Terre Blanche, Durrheim and Kelly (2006), discourse analysis primarily focuses on language and it aims to see how meaning is constructed through talk. For Starks and Brown Trinidad (2007), language both mediates and constructs our understanding of reality. They thus argue that discourse analysis involves tracing the historical evolution of language practices and examining how language shapes and reflects dynamic cultural, social and political practices. Therefore discourse analysis was used in this study to explore and illustrate how the participants illustrated and/ or justified their sexual behaviours, and to explore how various discourses, if any, informs their responses and their perceptions of risks of engaging in sexual activity.

Willig (1999) describes discourse analysis as an attractive tool for critical psychologists because it allows us to question and challenge dominant constructions of psychologically relevant concepts. In addition, Willig (1999) argues that by deconstructing such categories,

we can demonstrate that things could be different, that our customary ways of categorizing and ordering phenomena are reified and interest-driven rather than simple reflections of reality. According to Willig (1999), by revealing the constructed nature of psychological phenomena, we create a space for making available alternatives to what has become psychological common sense. Willig (1999) refers to this as deconstruction.

Deconstruction according to Burr (1995) subsumes the analysis of discourse. According to Burr (1995), Willig's (1999) method of deconstruction refers to attempts to take apart texts and see how they are constructed in such a way as to present particular images of people and their actions. The approach of deconstruction takes different forms, namely, revealing contradictions; the archaeology of knowledge; and the analysis of discourses. A thorough discourse analysis following these forms was conducted as illustrated below.

Stage 1: Revealing contradictions

According to Willig (1999, p.164-165):

Deconstruction would mean looking at texts in a particular area or discipline, revealing how they contain hidden internal contradictions, and making the absent or repressed meanings present for the reader, showing how we are led by the text into accepting the assumptions it contains

In this study, the researcher started the data analysis process by reading all the selected transcripts a couple of times. At this stage the researcher was constantly looking for and highlighting keywords in the text which helped to identify the different ways in which risks in sexual activity and management of risks as the discursive object was being constructed in participants' speech. Thereafter, the researcher engaged with the different discursive constructions that the researcher had identified and critically considered what was gained by the participants constructing risks and their positions in particular ways.

Stage 2: The archaeology of knowledge

According to Burr (1995, p. 166) the second form of deconstruction, namely the archaeology of knowledge:

Is concerned with tracing the development of present ways of understanding, of current discourses and representations of people and society, to show how current truths have come to be constituted, how they are maintained and what power relations are carried by them.

Thus in this stage, the researcher looked at how the various discursive constructions around perceptions of risks and management of risks in sexual activity that were located in stage 1 fitted within the wider discourses of sexuality, i.e. the male sex drive discourse; have/hold discourse, permissive discourse and marital discourse.

Stage 3: The analysis of discourse

The analysis of discourses is whereby, according to Burr (1995), prevailing discourses are examined and their identity and power implications brought to the fore. According to Willig (1999) this might involve identifying the subject positions offered by the different discourses, and the identity and political implication of these. In this study, the researcher identified the MSDD, HHD, PD and MD that the participants drew from when talking about their perceptions and management of risks in sexual activity. Burr argues that this serves “to show how men and women are invited into different kinds of self-experience with different behavioural implications” (1995, p. 166).

In this study, the researcher had identified the wider discourses that emerged across the selected data, the researcher then worked through the discourses to see what subject positions were available in each discourse. The researcher considered what subject positions were available for the various ‘actors’ in the transcripts, including students, peers and partners. For example, the researcher found that students positioned themselves as knowledgeable, responsible sexual actors in relation to sexuality. Partners and peers were positioned as great influences on the kind of sexual activity in which the participants engaged.

This stage, therefore, involved thinking about what actions are possible for youth, for example, who are positioned as responsible in relation to their sexuality. It also involved thinking about what is not possible for youth who are positioned in these ways discursively.

4.7. Credibility, dependability and transferability

For a qualitative study to be regarded valid and trustworthy, it should accurately present the experiences of participants without trying to predict anything further (Du Bois, 1983). It needs to be credible, dependable and transferable (Babbie & Mouton, 2001). Additionally, it needs to ring true to the reader (Babbie & Mouton, 2001).

4.7.1 Credibility

According to Cho and Trent (2006), validity in qualitative research involves determining the degree to which researchers' claims about knowledge corresponded to the reality or research participants' construction of reality, being studied. According to Silverman and Marvasti (2008), validity refers to the extent to which an account accurately represents the social phenomena to which it refers. Validity is another word for truth (Silverman & Marvasti, 2008). For the purpose of this study, I will use the term credibility instead of validity. According to Shenton (2004), ensuring credibility is one of the most important factors in establishing trustworthiness. Credibility deals with the question of how congruent are the findings with reality.

Silverman and Marvasti (2008) points out that a common problem in qualitative researcher is the problem of anecdotalism. Silverman and Marvasti (2008) argue that the problem of anecdotalism questions the credibility of much qualitative research. Citing Bryman (1988), Silverman and Marvasti (2008) expressed that there is a tendency towards an approach to the use of data in relation to conclusions or explanations in qualitative research. He argues that "brief snippets from unstructured interviews are used to provide evidence of a particular contention" (Silverman & Marvasti, 2008, p. 260). In this study, the researcher has attempted to overcome the temptation of anecdotalism by avoiding including only a few exemplary instances of the discourses and then making conclusions about them. Rather, the researcher has provided detailed reasoning and criteria or grounds for including the extracts that the researcher used and why the researcher left the rest out. Silverman and Marvasti (2008) refer to this as the principle of refutability which he argues requires the qualitative researcher to seek to refute their initial assumptions about their data in order to achieve objectivity.

The use of thematic analysis as one of the data analysis technique allowed the researcher to identify several themes, that initially emerged as codes and later emerged into the main

themes because of their relevance and consistency with other themes that were concurrently emerging in the data, rather than just picking a couple of themes and try to make arguments out of them. Having been involved in all the steps of the analysis as required for thematic analysis, the researcher was able to immerse herself with the data and develop an understanding of the data set, which helped the researcher to be confident that they were not just picking certain extracts that they personally found interesting but those that were the reflection of the data set. The researcher feels that this data analysis helped her to be rigorous in the analysis which was essential for the validity of the study.

In addition, the researcher also incorporated the constant comparative model and deviant case analysis in order to ensure objectivity and more valid findings. According to Silverman and Marvasti (2008), “the constant comparative method means that the qualitative researcher should always attempt to find another case through which to test out a provisional hypothesis” (p.262). Likewise, throughout the data analysis, the researcher was committed to ensuring that she constantly compared and inspected all the data fragments that emerged as codes and then themes, with the aim to check whether they were coherent and relationship to one another. This helped to ensure that the researcher was not just generating and selecting themes that she found particularly interesting but those that were emerging across the data, i.e. from both focus group and individual interviews.

Deviant case analysis entailed that the researcher incorporate data that seemed to be deviant from the rest of the findings. This was important because Silverman and Marvasti (2008) suggests that for qualitative research to be valid and generalizable, “the qualitative researcher should not be satisfied by explanations that appear to explain nearly all the variance in their data, instead every piece of data has to be used until it can be accounted for” (p.265). Therefore, in the analysis the researcher did not only use the data that was combined to make certain account of students’ perceptions and management of risks in sexual activity through major themes, rather, the researcher also included the cases that were deviant from the rest of the extracts selected for analysis.

The researcher also used triangulation as means of verifying and enhancing the credibility of this study. Babbie and Mouton (2005) defined triangulation as a technique that facilitates validation of data through what they call cross verification from more than two sources. According to Shenton (2004), triangulation may involve the use of different methods,

especially observation, focus groups and individual interviews. According to Shenton (2004) “the use of different methods in concert compensates for their individual limitations and exploits their respective benefits” (p.65). Methodological triangulation, i.e. a combination of the focus group and individual interviews, was used in this study to address the possible methodological shortcomings of either method. The individual interviews allowed an exploration of individualistic experiences which emerged through the participants’ legitimisation and justification of their responses, which was limited in the FG. Both sets of data produced similar themes, hence indicating the credibility of the study results.

4.7.2 Dependability

Reliability refers to the degree of consistency with which instances are assigned to the same category by different observers or by the same observer on different occasions (Silverman &Marvasti, 2008). In qualitative research, Silverman and Marvasti (2008) contend that one is unconcerned with standardising interpretation of data. They argue that, rather, our goal in developing this complex cataloguing and retrieval system has been to retain good access to the words of the subjects, without relying upon the memory of interviewers or data analysis. In the context of this qualitative study, the term reliability is replaced with dependability. According to Shenton (2004), dependability may be achieved through the use of overlapping methods, such as the focus group and individual interview. Shenton (2004) argue that “in order to address the dependability issue more directly, the processes within the study should be reported in detail, thereby enabling a future researcher to repeat the work, if not necessarily to gain the same results” (p.71).

Methodological triangulation, i.e. a combination of the focus group and individual interviews, used in this study helped to ensure the dependability of the results obtained. In addition, during both the focus group and the individual interview, audio recording was done. The use of the audio recording further helped the researcher to assess this in this study. The researcher was able to go back to listen to the recordings at any time to retrieve and gain good access to the words of the participants without relying upon her memory. To enhance this the researcher also used a notepad during both the focus group and individual interviews to take notes, which was very helpful in understanding participants’ meanings of words or statements used without trying to change them according to what the researcher thinks they meant as a researcher. By retaining this access to subjects’ own categories, one satisfies the theoretical

orientation of much qualitative research while simultaneously allowing readers to retain some sort of direct access to raw material.

Furthermore, Silverman and Marvasti (2008) argue that when people's activities are tape recorded and transcribed, the dependability of the interpretation of transcripts may be gravely weakened by a failure to transcribe apparently trivial, but often crucial, pauses and overlaps. Thus in the analysis, the researcher was personally involved in all the steps involved in this study, to ensure that she is well aware of the context from which the participants come. The researcher personally translated and transcribed all data. This gave the researcher the certainty that all transcripts used were true to their original sources, and which helped her to be confident about the data set. The researcher have ensured that the researcher accurately transcribed the audio recordings drawing upon the transcription symbols and used the transcription conventions to help retain the tone and pace of responses. The researcher then used these accurate transcripts, sticking to the participants' words to discuss the subtle features in the talk, showing how the participants used their language to produce and construct their account of their perceptions about risks in sexual activity.

Rosenblatt and Fisher (1993) argue for the importance of understanding local culture and language of the research participants. According to Rosenblatt and Fischer (1993), in order for a researcher to understand a phenomenon in a given culture, then the researcher needs to understand the culture first. Also, in order for a researcher to understand people, then the researcher needs to understand their language as well (Rosenblatt & Fischer, 1993). In the case of this study, the researcher being an African female student, who has been in the campus environment for almost 6 years, the researcher had the ability to understand the context or campus culture and its possible influences on the participants. Being a researcher of the same race, language and gender also allowed for the participants to be comfortable to participate in the study.

The researcher truly believes that coming from the same background and speaking the same language was instrumental in achieving the confidence and rapport this study required. And the accounts the researcher represents in this report represent a common phenomenon of their sexual behaviour as tertiary students. However, throughout the research process, the researcher had to be very cautious of how her experience as a fellow student could influence or hinder the research process. The researcher had to be constantly reflective of her own

perceptions, experiences, beliefs and expectations and was aware how these factors may bias or influence her judgement and data analysis.

4.7.3 Transferability

Any research study should be replicable and transferable. Transferability according to Shenton (2004) is concerned with the extent to which the findings of one study can be applied to other situations. Due to the sampling technique (convenience and purposive sampling) and means of data collection used in this study (FG and individual interview), the researcher was able to collect data from a willing sample of participants who had an interest in the topic. The participants were sexually active female students from the University of KwaZulu-Natal, Pietermaritzburg and willing to share their information about their sexual experiences. This ensured that the data gathered was hence a reflection of the participants' sexual activity at a local campus. In other words, while the sample size used in this study was relatively small, it was however adequate for a qualitative research even though the results generated should be applied with strict caution, and could be transferrable to similar participants in similar settings. The use of thematic analysis and discourse analysis enabled a careful and non-prejudiced selection of data that was used for analysis. All emerged data was accounted for, including deviant cases.

4.8 Ethical considerations

In order to conduct sound research ethical clearance was attained by getting written permission to conduct the study from the Humanities Research Ethics Committee (see Appendix 12). In addition, the following ethical principles were pursued in this study: informed consent, confidentiality (already discussed in the data collection section above), and a balanced cost/benefit ratio; and non-maleficence (Wassenaar, 2006).

4.8.1. Cost/Benefit ratio

Participants were informed in the beginning of the process that there will be no rewards for participating in the study which was also included in the information sheet. However, by participating in the study, the participants benefitted from the knowledge that they gained during their participation in the study. For example they may have learned from each other in the focus group how to negotiate condom use or what types of contraceptives are useful for managing one risk, which they could have not known prior to the study. This study could

have also benefitted participants indirectly, as the results of the study may be used to inform and design future health campaigns for preventing risks of STI's and pregnancy.

Due to the sensitive nature of the study, it was possible that participants could experience emotional discomfort. Thus they were informed that should they experience any emotional distress or secondary trauma, that debriefing arrangements were made for them with the Child and Family Centre (see Appendix 13) whom they could approach should they experience such distress.

4.8.2 Non-maleficence

Due to the sensitive nature of this topic, it was likely that some participants would experience embarrassment. Thus it was essential that the study prevented this kind of risk by only taking participants who were sexually active and ensure that they were ready to speak explicitly about sexual activity. The participants were interviewed thoroughly prior to their enrolment into the study and asked if they were comfortable to talk about sex or listen to others talk about sex. They were encouraged to feel free to talk about anything they wanted to share but to be careful what information they shared since in a group setting confidentiality can be limited. To minimise this risk participants had to voluntarily consent to be part of the study and had to sign confidentiality pledges (discussed in section 4.5 and in Appendix, 7). Participants were duly informed that should they feel discomfort, they had the right to withdraw at any point without giving reasons for doing so. They were also informed that they would suffer no consequences should they wish to withdraw from participating in this study. Additionally, the questions in focus group were very general which meant that they were not directed to particular participants but to students and young people in general. The dissemination of results as well as information about the storage and destruction of data was explained to the participants. Participants were informed that the data was going to be stored in a locked place in the Discipline of Psychology and only the research team would have access to the data and it would be used for the purpose of the research projects of the four postgraduate researchers involved in the Safe Sex project. Participants were also informed that the study findings may also be presented at conferences and potentially be used in publications.

This chapter discussed the methodology used in the study. The choice of the paradigm and techniques was motivated. The results from the analysis of the data are presented in the next chapter.

CHAPTER FIVE: RESULTS

5.1. Introduction

This section focuses on the results from the focus group and the individual interviews with the nine black female students on the University of KwaZulu-Natal, Pietermaritzburg campus. Even though each participant presented their individual experiences, they were all guided by common campus experiences and observations that helped them to make sense of their perceptions and sexual practices.

This chapter presents and discusses the results of this study by quoting extracts from the data (the transcriptions of the focus group and individual interview) according to themes depicting the perceptions and experiences of the participants which will be written in italics. The data has been coded and participants have been referred to by their pseudonyms. The participants have been coded differently and those from the individual interview will be indicated by the use of the symbol (Int.) next to their names and those from the focus group will be indicated by the symbol (FGD). The transcripts of the focus group and individual interviews have been translated using the transcription conventions (see Appendix, 13). The results of this study will be presented in light of the study's goals and objectives. Essentially, the study aimed to gain insight into how female students perceive, understand and negotiate risks in sexual activity by exploring their use of language to argue and construct their accounts of sexual activity at a university setting, and how these socially constructed understandings, beliefs and perceptions hence informs what students do in terms of managing the risks in sexual activity.

Three major themes, with sub-themes emerged in the analysis of the participant's experiences. The first theme that emerged was "the normative sexual activity on campus", along with the following sub-themes: (a) normalising sexual activity on campus (b) facilitators/ pressures in students' sexual activity. The reason for exploring this theme was to explore what is normal about sexual activity on campus from the participants' point of view. This theme thus led to the second theme which was "the normative about risks in sexual activity on campus", along with the following sub-themes: (a) current problem and (b) future problem. This theme was explored because the researcher wanted to gain an insight into what students perceive as risks in sexual behaviour, and what these perceptions mean to them. The third theme that emerged was the normative management of risks on campus with sub-themes

(a) contraceptives, (b) morning after pills, (c) condom use and (d) negotiating condom use. The reason for exploring this theme was because the researcher wanted to understand how students manage the risks in sexual activity. The researcher was also interested in how students' perceptions of risks inform how they manage the respective risk in sexual activity.

5.2. Normative sexual activity at university

Since this is a study on sexual behaviour, it seems pertinent to provide information first on the students' sexual activity at university. To make sense of what is normal about sexual activity at university the findings from the FG discussion were found to be most relevant and will be used in this section. The findings from the FG suggested that sexual activity among students on campus is a norm and is largely characterised by developmental and social factors. Pressurised sexual activity, casual sexual activity, and inconsistent relationships were found to be what is normal about sexual activity among tertiary students at the University of KwaZulu-Natal, Pietermaritzburg campus.

5.2.1. Normalizing sexual activity on campus

The focus group discussion established common perceptions about students' sexual activity on campus. Most participants from the FG felt that sexual activity was very high at university and they described it as normal behaviour. When asked whether most students are engaging in sexual activity on campus, the FG participants shouted "*definitely.....ja definitely*" (FGD). They framed sexual activity as a common and or normal activity that most students are practicing. To clarify what they were meaning by saying "*ja definitely*", Lisa asserted that "*about 80 of percent of students are sexually active on campus*" (FGD). This therefore suggests that the participants felt that sexual activity is high amongst campus students.

The participants further framed engaging in sexual activity as an expectation or a norm for someone at university. They argued that having sex is becoming a norm and one has to have sex when at university or you will be seen as different and, or not good enough to fit into their lifestyle. This is confirmed by Zama who strongly agreed that "*Ja, like having sex, (.) it is becoming a norm. You have to have sex, if you are not having sex it is like something is wrong with you*" (FGD). Gugu argued that if you are not engaging in sexual activity, it is questionable.

In her use of the phrase “*when you come to university < and say ‘I am a virgin’, > everyone is like ‘you: still a virgin? > ↑what the hell are you waiting for you? <I mean you at university’*” (FGD), Lisa suggests that the university context does not support one’s decision to not engage in sexual activity but it discourages students from abstaining or remaining virgins. The use of the words “↑*what’s the hell you waiting for?*” implies that waiting or not engaging in sex is questionable and discouraged among the student population. Fellow university students discredit abstinence from sexual activity, and this implies that if you are a student and want to fit with campus life then you must also engage in sex. In addition, Gugu argues that “*university is where you experience everything*” (FGD) suggesting that if you do not have sex you are definitely an outcast or something is wrong with you. Consequently, this pressurises non-sexually active students to also start having sex.

The element of pressure seemed very pertinent throughout the discussion on sexual activity on campus. The participants from the FG discussed how both the high school context versus the university context facilitated the high sexual activity amongst students at university. This is evident in the following sections.

5.2.2. High school versus university

In exploring further what is normal about sexual activity on campus, the participants in the focus group discussion argued that a number of developmental factors related to adolescent development were contributing to this high sexual activity among students. Given the level of awareness and exposure to prevention campaigns to educate and empower students with knowledge and skills to deal with factors such as peer pressure in risky sexual behaviours, university students are expected to be educated about HIV/AIDS and practice safe sex. However, research has shown this is not happening. In fact, in this research study students’ sexual experiences is shown to be marked by adolescent-related developmental challenges such as peer pressure.

It was further established that the developmental shift and physical changes contributes to the suggested high sexual experimentation on campus. In other words, when one is an adolescent, you are likely to be residing with your immediate family and living under parental supervision and following family norms and rules. However, when the same person enters a different environment such as a university they will move away from home to be closer to the university, hence leaving them with more freedom and time to experiment whatever they

desire without parental boundaries. These changes come with a number concerns that seems to accelerate students' engagement in sexual activity. Those that have been established in this study includes: freedom, curiosity, substance abuse and peer pressure.

Freedom

Participants in the focus group have produced an account of how the physical changes from high school to university encourage students to start engaging in sexual activity. While exploring why the participants felt that most students were engaging in sexual activity, the element of freedom seemed to be an enabler. This was evident in Sneha's remark that *"especially with the freedom that comes from high school to university...wanting to act as adults, you do adult things"* (FGD). This assertion by Sneha implies that at high school one does not have the same freedom as one has at university. In addition, Gugu also draws on the element of freedom to produce an account of what makes sexual activity so normal for students at university. Gugu argues that: *I think it comes with the freedom that you get when you stay on your own and.....being able to make your own decisions"* (FGD). Gugu argues that *"staying at res or in a commune, you just have more freedom to do whatever that you want. There are no parents to control or put constraint on you"* (FGD). Thus you are *"free to do whatever you like"* (FGD). The participant suggests that it is not the university per se, but a lack of parental control that facilitates students' engagement in sexual activity.

Curiosity and experimenting

In addition to the element of freedom, Sneha further argued that *"freedom"* coupled with *"curiosity from the knowledge and the information from high school to actual practicals at university"* (FGD) facilitates high sexual activity among students. Sneha is suggesting that when one has the kind of freedom they are likely to have when they move away from home to the university then they are very likely to start trying out or practically engaging in sex. This issue of freedom and physical change was also confirmed by Mbooi in her assertion that unlike in high school:

When you come to university there is like a whole range of people, that's why people like to experience things and have their first sexual experience because at high school they were just limited. And at university they feel more free" (Mbooi, FGD).

These participants produce an account of the university setting as an enabling environment for students' sexual activity.

In other words, when they were at high school they were most likely to be staying at home, under parental supervision, which is why they did not have enough freedom “*to do and try out adult things*” (FGD). Sneh argues that when you get to university you most likely to move away from home to university or close by and you get to be away from your parent’s supervision. Sneh argues that at university where you get to live alone, you start “*wanting to act as adults*”, “*you do adult things*” (FGD), namely sex which is prolonged by the “*curiosity from the knowledge and information from high school to actually practicals at university*” (FGD). In these few lines Sneh produces an account in which by being at university you are allowed the freedom to practice and experiment practically the information you gathered during high school regarding sex. The freedom enables one to start “*doing adult things*” which is sex that you are not likely to get when you are living under your parental supervision. Sneh further suggests how this freedom combined with “*the pressure from friends*” (FGD) also escalates this curiosity and make students “*wanna experience it themselves*” and hence making sexual activity a norm at university.

Substance abuse

Bubbles explained that “*among others reasons why students are more **inclined** to engage in sexual practices at university is clubbing and alcohol*” (FGD), which leads to poor judgment, and risky sexual activity. Bubbles constructs alcohol usage as an excuse for sexual activity.

While the above section has presented findings on how factors such as pressure, curiosity and freedom interact to create an account of students’ sexual activity as a norm at university, the following section will present findings from both the FG and the individual interviews which suggested that sexual activity of university students could be characterized by (a) pressurized sexual activity, (b) casual sexual activity, and (c) inconsistent sexual relationships.

5.2.3. Characteristics of student sexual activity

Pressurized sexual activity

Participants strongly felt that being in the university environment comes with the challenge of having to become sexually active. The focus group discussion established and produced an account of “*pressurised sexual activity*” (FGD) which can be both direct pressures and indirect pressures. Data suggested that students may encounter direct pressures either from peers or friends; expectations; and overwhelming information about sex that increases

curiosity and leads students to also start engaging in sexual activity. Others may encounter indirect pressures which may be experienced in the form of guilt.

Direct pressure

The following quotes are an illustration of direct pressure produced by the university environment on students to start engaging in sexual activity. Lisa boldly asserted that “↑well I would say that pressure is a huge factor” (FGD). She substantiates that “*when you come to university and say ‘I am a virgin’, everyone is like ‘you still a virgin! What the hell are you waiting for? I mean you at university’*” (FGD). In these lines, Lisa produces an account in which being a virgin or not being sexually active when you are at university is wrong. She argues that if you come to university and you are a virgin, other students will actually find you strange.

The use of the words “*what the hell are you waiting for?*” (FGD) by Lisa suggests that there is something wrong with you which need correction. It is likely that if you are made to feel like you are doing something wrong that you will change to do something more acceptable. Likewise, by being seen as strange or weird for not having sex, you are compelled to want to fit in with the majority of students and to fit in you have to become sexually active. Hence, this produces an account of university sexual activity as “pressurised sexual activity”.

Lisa argued that university pressurises one to start engaging in sexual activity while high school values one’s virginity. In high school she argues that “*everyone is like..... I am a virgin and I am proud*” (FGD). So when you come to university you do not get to celebrate your virginity. It seems like the university limits students to enhance their sense of pride for their virginity, but produces judgements and “*pressures to also start engaging as soon as you get to university*” (FGD). This is also found in Bubbles’ response below, where the participants, in their discussion discourage valuing one’s virginity. Bubbles argued “*but why do you feel the need to justify to a guy...why you do not want to have sex?*” (FGD). She suggested that “*it should end at I do not want to have sex full stop*”, and “*you shouldn’t be going around saying that I am a proud virgin and I do not date*” (FGD). Again, this shows how the participants discourage this sense of pride when you are at university. Again, you will rather be sexually active than go around and telling everyone about your virginity. This also produces an account of pressurised sexual activity.

Indirect pressure

Participants both from FG and individual interviews produced an account in which students' likelihood to start engaging in sexual activity is also informed by indirect pressure such as feelings of guilt, seeking or trying to maintain status and sense of belonging. The factor of guilt is evident in Belle's remark that "*we feel that 'argh I've made him wait for so long ja.'*" ↑*But it is not that you do not want to (.3) it is just you feel like you have to*" (Int.). In this extract Belle suggests that feeling compelled to meet one's boyfriend's sexual need plays an important role in pressuring females to start engaging in sex with their partner while they may not be completely ready.

Belle's use of the phrase "*you feel like you have to*" implies how this feeling of guilt contributes greatly to female's engagement in sexual activity not because they are ready or willing but because they feel guilty or they feel like they owe it to the partner. She further justified that "*I do not know if it was guilt or what it was (.5) but I did feel like I wasn't ready but I do not know why I did it cos it is not like he forced me but*" ↓*I just felt that 'pressure' sort of*" (Int.). In the above quote, Belle makes it clear that her reason for having sex with her boyfriend was not that she was ready to do so. While her partner also did not force her to sleep with him she still felt the pressure to do so. She felt like she owed him sex for having kept him waiting for a very long time.

It was also found that other girls engage in sexual activity because they feel the need to secure a relationship or keep a man. Drawing from the FGD, Bubbles in her individual interview said:

I think the difference is as somebody might have mentioned that especially for 'young girls' sex for them isn't it is err: they are ↑passive. And for them ↑it is about >pleasing the guy< ↑ 'I need to make him: happy so he will stay with me' (Int.).

Bubbles' argument suggests that some young girls do not have sex to satisfy their own need rather they do it to please their male partners.

Sometimes girls do not do it for themselves they just do it for the guy so that means they see it as more important. They see the guy as more important, they think it is

more important for the guy to have sex, and for you it is just 'I am just satisfying his needs', I think that is the perception among young [girls at the time (Int.).

Again, Bubbles' argument suggests how this need to satisfy the boyfriend then indirectly forces the girlfriend to sleep with the boyfriend even though she may not be ready to sleep with him. This was also raised by Nicky from the FG when she argued that *"no matter what (.2) if you are in relationship with a guy than you should have sex with him in orders to keep him for you"* (FGD). Sneh also remarked *"I need to sleep with him to keep him or else this other chick (.) my next door neighbour is gonna take him"* (FGD) to illustrate the issue of pressure to engage in sex in order to hold onto and keep a relationship. In this extract, the participant suggests that even though the male partner may not be forcing you to sleep with him, however, because you know that if you do not sleep with him then other women may sleep with him and if this happens, then he may leave you. Therefore, because of this fear women end up sleeping with their boyfriends just because they are holding onto the relationship and not because they are ready to sleep with them.

Another indirect pressure that was established in the FG was that of competition among young girls. Zama, a participant from the FG states that:

*↑another thing is that >we girls compete with each other< there's this thing going on
↑oh my goodness it is so amazing () so you get to know that sex is amazing then you
not sexually active and: then you get ((there's this thing you might as well)).... Or you
get left out. Now the pressure is like starting to get engaging in sex, (FGD).*

In this case, Zama introduced an account where the pressure arises from other women. It seems that competition about sexual relationships that takes place at university consequently pressurizes some women to also start engaging in sexual activity in order not to feel left out.

Inconsistent sexual relationships

In the following quotes the participants produces accounts of short-term, inconsistent sexual relationships which are acceptable among students on campus. Belle indicates that to have sex she does not have to be in love or be in a long term relationship. And if she does have sex with the partner she would not expect the relationship to persist just because they had sex. Belle argues that:

Because I as a woman like to be hunted....if I see that it is going somewhere then I'll sleep with him. But I would not necessarily say that oh lord I've slept with him but now I love him (Belle, Int.).

Belle's use of the phrase "I as a woman like to be hunted" constructs women as passive individuals who are in disempowered positions. For her to feel like a real woman, she argues she must be hunted. By using such a phrase, she unconsciously draws on the MSDD and the HHD which are intertwined. Belle draws on the MSDD to construct men as sexual beings who, because want sex, will come hunting for her. This disempowered position is a product of the HHD, which suggests that women must attract men in order to gain status in society. Hence, women adopt this idea that they are passive objects to satisfy men's sexual needs.

Belle further added that *"you date a guy, you gonna sleep with them before you find the right one. It is not about this is the one I am saving myself for"* (Int.). In this extract Belle means that before she can even ascertain if this is the right partner for her, she does not have a problem engaging in sex.

5.3. The risks in sexual activity at university

5.3.1. Perception of risks in sexual activity

Overall, the participants from both the individual interviews and the focus group discussion were all knowledgeable about the risks in sexual activity and how these may be managed. When asked what are the risks involved in sexual activity all the participants from the focus group and individual interviews perceived and named *"pregnancy, HIV, and STI's"* as the risks involved in sexual activity. Very interesting is how the participants quickly acknowledged which risk they were most likely to worry about and tried to manage, which is that of pregnancy. In comparison with the risk of HIV, the participants perceived pregnancy to be the most important risk in sexual activity.

Bubbles from the FG remarked that *"the funny thing is that when a girl has had unprotected sex the first thing she would go for is the morning after pill. Before she even worries about HIV/AIDS she would not care about her HIV status"* (FGD). In her assertion also supported by fellow participants, Bubbles frames pregnancy as the most important risk and which women would try to manage by getting the morning after pill to ensure that they get the risk

taken care of before she can worry about HIV/AIDS. Bubbles even argued how you will not find a woman worrying about going for an HIV/AIDS test after an incident of unprotected sex but they likely to worry about getting morning after pills. This is captured in her response:

You will never find a girl who'll be like 'oh my god I've slept with a guy, I am going for a test'. Hardly ever! The first thing they'll do is 'eish....morning after pills'. Which pharmacy can I go (Bubbles, FGD).

Bubbles justified that the reason why young women worry more about pregnancy than HIV/AIDS is because women are concerned about what other people, particularly parents, will say. This is evident in her response:

Especially university girls are worried about what parents are gonna say. I got sent to res and I am not gonna come back with a degree but I am gonna come back with a child. It is never gonna be like I came back with HIV (Bubbles, FGD).

She justifies that this is mostly because they know that they were sent to university to obtain their degree so if they come back home with a child it will be more a disaster than coming back home with HIV. These two risks which have been described by the participants as “the now” and “the tomorrow’s” problems will be discussed in detail below.

The risk of pregnancy: “the current problem”

Although many of the risks in sexual activity were identified by the participants, a division of priorities was clear. The participant perceived the risk of pregnancy as the “now” problem and which they have to be careful about as it will affect them in the “now”. Among the focus group discussion and the individual interview, all the participants named pregnancy as a risk in sexual activity. The FG discussion revealed clearly that the girls were very much concerned with the risks of pregnancy. The risk of pregnancy would have physical and social implication for a young woman. Sneha explained that they worry more about pregnancy because “*pregnancy is visible, it is physical*” (FGD). This implies that they would rather be HIV infected than be pregnant since no one but themselves will know if they are HIV positive. Sneha further argued that:

If you left home 8 months ago and you come back with a baby... 'hey child you never left the house with that you know.' But if you come back with AIDS it is not gonna be written on your face (FGD).

Sneh's justification implies that because HIV is not socially visible like pregnancy than they would rather make sure they deal with the risk of pregnancy which they cannot hide it. Sneh argues that:

With HIV you can get away with it if you know that you gonna know and if you want to hide you can hide it" (FGD). Yet with pregnancy: "you can't keep it a secret like HIV" (Sneh) (FGD). Sneh said "as for being pregnant, you can't get away with it. Where you gonna hide a child? You gonna take it and put it under your armpit and go home? I do not think you gonna put it in your suitcase (FGD).

In this extract, the participant frames pregnancy as a "current problem" since it will affect you now, and everyone will know that you are sexually active, you get to disappoint you parents who sent you to university to get educated and come back with a degree. Hence, if you were to fall pregnant now, you will have to face the consequences of the social stigma of child bearing before marriage, or disappointing your family. Thus, pregnancy is indeed the most important risk amongst the students studied. And if they do not use the morning after pill or injectable contraceptives they stand the risk of falling pregnant.

Participant Blossom acknowledged that "*beside pregnancy all the things that are mentioned there are things that we are supposed to be worried about and not the things that we worry about when we engage in unprotected sex.*" (FGD) In this extract, Blossom argues that besides being primarily concerned about pregnancy, women are not concerned about the other risks which she knows that women are supposed to worry about, such as STI's and HIV/AIDS. She argues that even though women know about HIV/AIDS and other STI's, yet they are more concerned by the risk of pregnancy. Blossom added that:

The thing is I never ever heard a woman worried about STI's because the other problem with STI's is that they do not show in most women. Most women carry STI's with them but they do not show and hence they are never worried about that. It is always pregnancy (FGD).

Her closing words “It is always pregnancy”, hence confirms that university girls perceive pregnancy as more important than HIV/AIDS.

Participant Sneh contended that perhaps:

The reason why females feel the need to rush into checking for pregnancy first than HIV....is because besides getting away with it usually especially at university is they know that if I am pregnant I can get rid of it. So if they can, they wanna rush through that because they know they've got a limited time to get rid of it. But as for HIV/AIDS once you have it there is no getting rid of it (FGD).

This participant argues that whilst women do know that HIV/AIDS is a lifelong incurable infection they are nevertheless more worried about fixing the current problem of pregnancy. Sneh justified that this is likely because:

She'll tell herself at times that you know what, I trust him or at some times she'll think that no it is, you know there is no chance that I have it whatever whatever. But with pregnancy, ↑its time...it is not even three as in just three days they think about ((they just)) check earlier because they have like (.) a limited number of three months to actually get rid of it when they want to get rid of it (FGD).

In this extract the participant produces an account in which students are influenced by the issue of trust. They do not worry about HIV because they feel that they would not get it. They trust their partners enough to know that they would not infect them. They would also think that there is no chance they could be infected with HIV hence they would not even go for an HIV check-up. Yet with pregnancy, they would not even wait for 3 months because they know they have to get rid of the pregnancy should they be pregnant.

In Belle's individual interview it was also established that pregnancy was perceived as more important than the risk of HIV/AIDS. In her justification why she uses contraceptives she explained that contraceptives make her feel in control of her life knowing that the pregnancy is taken care of. Belle expressed that:

↑I feel like I am in: control... like I control my right to have a child that even if something as horrible, as I would get raped I wouldn't get stuck with that child, ↓ like I will get that emergency HIV drug but I DO NOT WANT pregnancy to be another burden I have to worry about. °I feel like I have a control over my future° (Int.).

She strongly asserts her use of contraceptives is because she would not risk falling pregnant. She acknowledges that by being on contraceptives she feels like she is more in control of her life and her future knowing that she cannot fall pregnant even if she gets raped. In her argument as to why she is on contraceptives, Belle seems to be more focused on pregnancy. Hence, her justification of using contraceptives as means of ensuring that her future is secure without pregnancy suggest that pregnancy is a priority over HIV/AIDS.

The following extract documents a conversation between the researcher and participants ascertaining the importance of pregnancy of HIV/AIDS:

Sneh: ↑oh so you do not mind HIV?

Lisa: ↑NO I mean that's the first thing that pops in my mind if I am being truthful, that's the first thing that AIDS is like okay.

Participants: mmhm (nodding heads)

Lisa: oh there another thing called AIDS, but the first thing is pregnancy

Blossom: mmhm (.) that's true.

When questioned by Sneh about whether she really does not mind HIV/AIDS as much as she minds pregnancy, Lisa maintained that it is not that she is completely not worried about HIV/AIDS, but it is just that pregnancy seems to naturally be the primary concern that comes to one's mind. Other participants ended up agreeing as well, saying "yes that's so true", supporting, hence, implying that for women, pregnancy is a primary concern and HIV is a secondary concern.

The risk of HIV/AIDS: "the tomorrow's problem"

While the participants' knowledge of all the risks involved in sexual activity, including HIV/AIDS, was significantly high, the students being studied did not relate unprotected sexual activity to HIV/AIDS. In most cases, as indicated above, unprotected sexual activity is related to pregnancy. This is captured in the above extracts in which the participants framed

pregnancy as the primary concern and HIV/AIDS as the secondary concern. They perceive HIV/AIDS as a problem of the future, something that would not affect you in the present.

While this was the case with both FG and individual interviews, the discussions revealed that a majority of the participants still perceived HIV as fearful and dangerous, even though this was perceived to be problematic for the future. It was quite challenging to establish whether or not participants felt personally at risk of HIV as comments were usually made in the third person. Furthermore, due to participants' inconsistency when referring to questions about risks and later about management of risks, it was clear that while they do fear HIV they still perceived it as less important than pregnancy. This was established as Belle went on to justify why she fears HIV.

Most of the participants expressed their concern for the risk of HIV/AIDS, however as seen in Belle's expression below, the main concern for most students is pregnancy. In her response below, Belle still suggests that while she knows that HIV is a risk with consequences that will affect her future given how far she has come, yet pregnancy is the risk that she consistently and consciously takes care of. This is evident in her remark that:

I feel I've walked a point in my life that you know so (.) those just I can't deal with such ((HIV)). So that's when you know that its >sex with a condom< or no ↑sex at all. And >obviously you human< slips ups, will happen >especially< when you're in a er long term ↑tr::usting relationship. Those slip ups are from time to time but you do not make a habit. And then↑ I am on >contraceptives< I am on >injection< but my boyfriend does not know ja (Int.).

In this extract, the participant argues that she is concerned about HIV. However, it is still framed as a secondary concern. Belle argues that she has come so far, she's made it to university, and she is at the end of her degree and about to make it to the real world and she does not see HIV/AIDS as part of her life. Her use of the phrase “when you know that its sex with a condom or no sex at all” implies that she genuinely fears HIV and know how dangerous it is. However, interesting is how quickly she then justify how one's human nature allows one to slip up as evident in her response “and >obviously you human<slip ups will happen >especially< when you're in a er long term ↑trusting relationship” (Int.). This does suggest that while women are knowledgeable about the risk of HIV/AIDS and they do worry

about it, it is still a concern that come after that of pregnancy. This is implied in her response when Belle further argues that she does take contraceptives.

One would think that if HIV was a real primary concern than women would not even leave room for what the participant refers to as '*slip ups*'. This is because it is known that it only takes one act of unprotected sexual intercourse to become infected with the HIV virus. If women know this, yet still allow slip ups to occur just because they are on contraceptives thus this suggests that HIV is a secondary concern.

Even though her remark is similar to Belle above, participant Bubbles' argument about why HIV is the most important risk for her is less contentious than that of Belle's. Whereas Belle argued that she feared HIV yet contradicted herself by stating that she allows slip ups and she takes contraceptives to ensure that the risk of pregnancy is taken care of, Bubbles' argument is more coherent and consistent with her reported sexual behaviour.

Out of all the responses, this quote seemed to have deviated from the so called "pregnancy: the today problem" and "HIV: the tomorrow's problem". While Bubbles feels HIV is detrimental for her, she also ensures that she does not let the "*element of trust*" towards her partner or the "*slip up*" make her expect that at certain times she may have unprotected sex, thus she must take the extra precaution of using contraceptive which will prevent pregnancy rather than make sure she never slips up but always use a condom which will prevent both pregnancy and HIV at the same time. This is the deviant case that was very interesting. This was evident in her response that:

>Because with HIV you can't just get rid of HIV< and STI's you can and pregnancy with (h) pregnancy () ja: you can get rid of pregnancy with abortion and you can prevent pregnancy easily even ↑a condom can prevent pregnancy and STI's and all those things and HIV, Bubbles (Int.).

In this extract Bubbles argues that HIV is the most important risk for her because you cannot just get rid of it, whereas STI's and pregnancy you can easily get rid of. She understands that HIV is not curable, and hence constructs it as the most important risk.

5.4. The management of risks at university

Both in the focus group and the individual interviews, the discussion sought to find out whether the participants were aware and knowledgeable about existing methods of avoiding or managing the risks of either pregnancy or of HIV or of both. Abstinence and condom use are methods for preventing both the risks of HIV and pregnancy during a sexual intercourse. Hormonal contraceptives (the pill, the injection and the emergency morning after pill) can only prevent the risk of pregnancy. It was established that the participants were well informed about the different methods of managing the risks in sexual activity. However, the knowledge and exposure to information about managing risks in sexual activity among an educated female student population seemed not to translate into consistent and responsible behaviour change. It also seemed very interesting how particular reasons or motives played a role in adopting a certain method of managing the risk.

5.4.1. Management of pregnancy

In terms of knowledge and managing the risk of pregnancy, the use of contraceptives, was the most known and highly preferred method. All participants both from the FGD and individual interviews had general information about contraception being an effective method of managing the risk of pregnancy.

Contraception

The emergency contraceptive pill

The morning after pill was spontaneously mentioned by most participants both in the FG and in the individual interview, prior to mentioning any other method in relation to managing the risk of pregnancy when students engaged in unprotected sexual activity. As established from a FG discussion, the morning after pill was the most used method of preventing pregnancy by students, also described as “*an everyday contraceptive.*” With support and consensus from other participants, Sneha explained that the most used method of contraception is “*it is the morning after...It is become a contraceptive...Ja it is become contraception as in an everyday thing. You gonna be sleeping with your boyfriend for the whole week without a condom*” (FGD). Sneha and other participants described the morning after pill as the most common method especially in inconsistent condom usage.

An individual interview participant, Belle, remarked that she has used the morning after pill as means of managing the risk of pregnancy following sexual intercourse without a condom.

“It was one of those moments where I didn’t use a condom...and I went to buy the morning after pills” (Int.).

Family planning

The use of hormonal contraceptive (including the pill and injection) for family planning was also mentioned by some students as a means of avoiding the risk of pregnancy. The participants also referred to the use of the pill and injection by other sexually active students. Without doubt, however, the most widely recognised method for the avoidance of pregnancy among young women was the contraceptives in combination with condoms, even though condoms were not used all the time.

It was also evident that many students opt not to use contraceptives due to misconceptions or myths about it. Sneha explained that most girls *“claim that pill contraceptive makes you ↑gain weight”* (FGD). From a personalised stance, participant Nicky argued that:

The issue of contraceptives like some other girls they say ‘okay I do not want to use injection because it make me () it make my body like shriggle.’ Yes, like my boyfriend use to complain that I’ve got a lot of water coming out you know... you see those things are ↑I think that’s why girls do not use injection [that much].

Nicky’s remark implies that using contraception is associated with a lot of negative comments and myths. This was also established in the individual interview when Belle remarked that *“I know that I’ve faced so many judgments for being on contraceptives”* She has also been judged and told negative things about contraceptive use as a young woman.

Condom use

All the participants mentioned condoms as means of preventing pregnancy. Out of all the participants, Bubbles from the individual interview presented as a deviant case in terms of consistent use of condoms, particularly for the management of pregnancy. She said that she uses condoms *“To prevent myself from pregnancy and all those things”* (Int.). The interview established a pattern of consistency in her responses of how she perceives risks in sexual activity and how she manages them. Bubbles understood that by using condoms she can protect herself from pregnancy and all those things, i.e. HIV and STI’s.

Whilst most participants knew and reported condom use as another method of managing the risk of pregnancy, there seemed to be lack of consistency in those relationships where contraceptives were used already, or the morning after pill was seen as an alternative. When asked if she uses condoms consistently Belle responded:

As I said before (.) maybe 95% of the time like I do. But there would be that one time where (.) you know (.) your boyfriend will let it slip like (.) you guys would get so caught up in the moment that you'd just (.) you just do it and then you just have sex without a condom and you at the edge where you like I am always at the oh moment (Int.)

In this extract, Belle implies that those “slip up moments” exists and she creates an account of when it would be okay for them to not use a condom during sex.

It was clear that it is not because they do not realise that they are not using a condom, but Belle justified that:

You realise it but you just like: er okay whatever whatever, it is just this one time...that's what you'd always tell yourself. It should be one it should be one, then everything is so enjoyable the moment is so perfect, everything is alright and you just like, then eventually you just.....coz it is not like you'll think about all throughout sex, you would not (.) you'll think about it in the beginning, then you'll see... than you'll get over it than afterwards yoh (Int.).

She explains that during the intercourse you realise that you are not using a condom, but since it is so enjoyable neither partner stops to get the condom, it is only after the intercourse that they start worrying.

5.4.2. Management of HIV/AIDS

All participants made reference to “condoms” as the main method of managing the risk of HIV/AIDS. While students were well informed that condom use protects one from the infection of HIV, they seem to be less aware of the importance of consistency of using condoms when having sexual activity. Most students presented with accounts in which they have had sex without a condom. Their justification for not using condoms at all times

included “*being caught up in the moment*”, “*just a slip-up*” and “*being in a long-term trusting relationship*.” In these instances, the participants who argued that they had sex without using a condom were the same participants who indicated that they were using contraceptives to prevent the risk of pregnancy.

The findings suggested that students who perceived themselves to be at low risk of HIV/AIDS and at great risk of pregnancy were more likely to take measures that will manage the risk of pregnancy. Most of the participants were on hormonal contraceptives, i.e. the pill or the injection, to ensure that they do not fall pregnant. The use of the emergency pills commonly known as the morning after pill was also high amongst students. Even though students did not perceived themselves to be primarily at risk of contracting HIV/AIDS, they were aware that they could get infected if their sexual partner was infected. Even so, they still engaged in unsafe sex and resorted to using the morning after pill as means of ensuring that the threat of pregnancy was dealt with. Because students are mostly on contraceptives to prevent the risk of pregnancy, condom use is often low and inconsistent. This is probably because they do not prioritise HIV/AIDS. The social constructionist perspective enabled the researcher to unpack why students perceive the risk of pregnancy as more important than the risk of HIV/AIDS. The findings suggested that students’ perception of risks was linked to the sexual discourses.

5.5. Negotiation and perceptions of risks in sexual activity

The participants in the FG conveyed that when you are at university it is possible to negotiate condom use or negotiate HIV testing. Other participants from the FG laughed indicating that they disagreed with Nicky when she argued that:

With the issue of HIV, before you and your partner decide that okay now love okay I think we mustn’t use condom, or we might think erm it is time to have sex without a condom, I think the man together with you has to prove that you are HIV negative
(FGD)

The other participants contested this. In disagreement with Nicky, Blossom argued that “*that’s impossible, this is university my love*” Participant Sneha also added that “*at university that’s impossible*”. “*You most likely to lose your boyfriend before the two of you go and get*

tested” (FGD). The participants’ acknowledgement that “*this is university my love*” indicates that woman at university find it difficult to negotiate condom use and HIV testing.

Sneh described condom use as “*it is not a negotiation factor*”, (FGD). Lisa remarked that:

↑And like er okay I’ve never actually sat down and said okay every time I have sex we need to use condoms (.) When I see that okay this is...it is leading to something you know. > then I’m like hey dude take out the condom< (FGD).

In this extract, the participant’s response suggests that while female students realise the need to protect themselves from the risks in sexual activity, they also realise that sitting down with their partners and trying to discuss and negotiate condom use and other relationship issues is not helpful so you would rather not talk and try to make sure that you be firm when engaging in sex. This gets difficult when they are “*caught up in the moment*” as said by Bubbles earlier, and this may thus lead to inconsistency in condom use.

Blossom argued that she also would not sit down and negotiate safe sex with her boyfriend since she felt that “*↑the moment you start talking about it then you are going to start negotiating*”, in which she means that then you would rather not even talk about condom use if you want to ensure that you use it when you have sex, or else you will end up arguing and debating it, and he may convince you not to pursue using a condom if you give him the chance to negotiate it. She suggests that men may start making excuses why he would not agree to use a condom and you as a woman may end up feeling sorry and agreeing, hence she rather not even start to discuss it. The discussions also established that young women do not feel confident enough to negotiate safe sex with their boyfriends because they fear losing their boyfriends.

Bubbles also argued that

Also with the fact that you do not sit down and make a decision not to use a condom, the one day he’ll decide that he does not want to use it and you not gonna say anything. You just gonna be like oh well and go= exactly (FGD).

In the above extract the participant supports the idea of students' inability to negotiate condom use. She illustrates this by arguing that one day when the boyfriend decides not to use a condom, you would not be able to question him and insist on condom use, but you will just sleep with him because he is your boyfriend and he has decided he does not want to use a condom. This case produces an account of how female students have limited negotiation abilities to discuss and negotiate safe sex. The use of the words “*do not sit down*” and “*make a decision*” indicates that most of these relationships are not the kind of relationships where females can actually sit down with their partner to discuss and together make decisions that will be best for the both of them.

In an individual interview, the researcher established that slightly different from the focus group, the participant felt that some women are able to negotiate condom use even though it is still not consistent use. Bubbles argue that:

From what I've discovered is that boys they do not have.... okay my boyfriend does not have a problem for using a condom but when I asked we >should use a condom< okay at first. (.) He had a problem why I wanted. (.) I do not ↑trust him? Erm but now he understand it is something you should be using for your own safety.

This deviant case serves to indicate that whilst most relationships on campus limit negotiation of condom use, there are some relationships that enable negotiations about safe sex. This suggests that if women are consistent with their beliefs and stand up to what they believe is right by communicating it to their partners then men will eventually understand and agree to use condoms.

5.6. Summary

The data both from the focus group and the individual interview documented how female students perceive and manage risks in sexual activity. Despite high HIV prevalence and high rates of sexual risk behaviours in South Africa, this study found that young African female students perceive the risk of pregnancy as more important than the risk of HIV/AIDS. Hence it was established that the participants were taking more responsibility to ensure that they prevent themselves from falling pregnant by taking contraceptives rather than preventing themselves from both HIV and pregnancy by consistent use of condoms.

Having adopted a social constructionist data analysis approach, the findings established and took into account students' daily experiences, varying norms and societal contexts and established how societal norms have influenced how students perceive the risks in sexual activity and how they consequently managed the risks. It was also established that there were numerous factors that contribute to the construction of sexual activity and sexual relationships for this educated, African female student population between the ages 18-24 years of age. The factors included peer pressure, freedom, experimenting, substance abuse and inconsistent sexual relationships. These factors are regarded as imperative to how students constructed and experienced their sexual relationships. Their construction of sexual relationships in this context repeats, hence influences how they constructed, perceived and managed the risks in sexual activity.

The major findings suggest that the local student culture, i.e. beliefs, perceptions and practices that are normal in the university context work together to inform, shape and justify students' sexual behaviours. The most important findings that emerged from this study were that knowledge of risks/risk management behaviour and reported actual behaviour has little in common. The data found that students are knowledgeable about risks in sexual activity. It was also found that students had a good understanding of how the risks in sexual activity may be managed or avoided. The data also showed that while students are knowledgeable about risks and risks management, their knowledge did not lead to behaviour change. High levels of risky sexual activity were reported by students both directly and indirectly.

Many of the perceptions and practices seemed to be aligned to traditional discourses of sexual relationships, which were salient throughout the discussions and evident in their use of language to account for their experiences. Although discourses are socially constructed by larger society, students often see them as natural as they draw on them as part of their daily behaviour, guiding and largely shaping their sexual activity.

CHAPTER SIX: DISCUSSION

6.1. Introduction

The main aim of this study was to understand why is it that the rate of HIV infections amongst the student population remains high, particularly at the University of KwaZulu-Natal, despite the high exposure to HIV/AIDS prevention campaigns and access to resources and educational programmes at this tertiary institution alone. This need arose from earlier studies that showed that despite a great awareness about the risk of HIV/AIDS, young people continue to engage in sexual behaviour that places them at high risk of contracting the disease. Earlier studies also suggested that this lack of behaviour change could be associated with social norms (UNAIDS, 1999). To explore this further, this study therefore adopted a social constructionist perspective which believes that human life exists as a result of social and interpersonal influences (Gergen, 1985).

According to Hoffman (1990) social constructionism assumes that knowledge is constructed through social interpretation and influences of language, culture and family. As explored in the literature review section, UNAIDS (1999) suggested that in every society, some social norms make it harder for children and young people to protect themselves from HIV infection. UNAIDS argued that the expectations about how men and women should behave, the sexual and social roles contributes to this HIV pandemic. According to UNAIDS (1999) “such norms are often deeply ingrained in the families, media and schools that surround and shape a child’s understanding of the world and their role within it” (p.13).

In acknowledgement of the influence of language, culture, family, media and schools, in shaping an individual’s understanding of the world and their role in it, i.e. construction of their reality, a social constructionist perspective was adopted to help unpack and uncover the ways in which individuals and groups participate in the construction of their perceived social reality, which in this study refers to how students participate in the construction of their perceived sexual reality at university. The social constructionist approach enabled this study to explore why female students continue to engage in risky sexual activity, given their knowledge of the risks and consequences involved brought about by the intervention initiatives throughout the country. It also enabled unpacking how the university life, i.e. social norms, if at all, facilitates this growing HIV pandemic amongst the student population

alone since UNAIDS (1999) had suggested that in every society, some social norms makes it hard for young people to protect themselves from HIV infection. Thus this study similarly assumed that the university context may pose similar challenges for young people to protect themselves from HIV infection.

Assuming that experience and reality is socially constructed through the influences of culture, and language, the study has explored some of the factors informing students' understanding, beliefs and, or perceptions about risks in sexual activity, and how these factors consequently inform students' behaviour and how they manage the perceived risks.

The six research questions guiding the study were:

- Q1. What do students at a local campus perceive as risks in sexual activity?
- Q2. What do students know about ways of managing risks in sexual activity?
- Q3. How do discourses inform students' actions regarding their sexual practices?
- Q4. How do students' perceptions and knowledge inform the way students respond to the risks in sexual activity?
- Q5. How do students justify their action regarding their sexual practices?
- Q6. How do students justify their action regarding their methods of managing risk in sexual activity?

Below is a discussion of how these questions were answered in this research study. The discussion presents the main themes that were revealed in the analysis of African female students' perceptions and management of risks in sexual activity. The findings of this study will be discussed in relation to sexual discourses with the aim of trying to unpack how participants have used language in discussions for organising their experiences and ultimately for constituting reality in relation to these discourses (Bruner, 1986; Crossley, 2000, as cited in Soskolne, Stein & Gibson, 2003). Because this study utilises a social constructionist perspective, it thus adopts the discursive view that the self is "constructed when people refer to themselves, speak about each other's selves, and respect each other's right to express themselves" (Soskolne et al., 2003, p.3). New data which could not be presented in the results section because similar extracts were already presented will be presented in some parts of this section to supplement the researcher's arguments and, or better illustrate the point being made.

In their view, Soskolne et al. (2003) suggests that the way people experience being in the world is largely socially constructed and is mediated through language. The self is seen to reside within the social, historical and metaphorical realms where shared meanings create ‘what it is to be a self’ and these shared discourses see into our constructions of self (Soskolne et al., 2003). Therefore, this chapter draws on participants’ use of language to discuss, in relation to the literature review, how their use of language helped them produce their socially constructed sexual roles presented in the previous chapter. This will enable a discussion of how these socially constructed campus-appropriate roles and expectations then inform how they perceive the risks in sexual activity, and consequently the ways they manage the risks in sexual activity.

6.2. Construction of sexual activity at university

To uncover what students perceived as risks in sexual activity, it was imperative to explore how students construct relationships and healthy sexual activity on campus. In the literature review, research indicated that the lifestyles of students on university campuses are placing them at risk of contracting the HIV infection as the university environment has been shown to encourage sexual activity among the general student population (Arnett, 2001; Kamungoma-Dada, 2007). Simelane (2005) argued that among the reasons why tertiary students are also highly infected is their tendency to want to experiment with sex, drugs and alcohol, which are behaviours that can increase HIV risk factors. The findings in the chapter above similarly found and constructed students’ sexual activity as high among students. This was exacerbated by factors such as curiosity and their tendency to want to experiment with sex with inconsistent and or multiple sexual partners, substance abuse, freedom obtained from staying away from home and away from parental supervision, peer pressure, and low condom usage which are behaviours that increase the risk of contracting HIV.

In essence, sexuality is a social construct, which is influenced by culture, social norms, and language. According to Serbin and Sprafkin (1987), young people construct their sexuality as they begin to develop ideas and a sense of what is appropriate and inappropriate sexually for someone their age and gender. They further construct their sexuality as they become aware of and begin to identify with their new public role as a sexual being, and start to notice, discuss and engage in sexual activities, not because of a biological urges as in adolescence, but because of a societal pull in which things of a sexual nature begin to take on a socially valid meaning (Moore & Rosenthal, 1993; Serbin & Sprafkin, 1987). According to Willig (1998),

meanings constructed around sexual activity can vary both within and across historical periods and culture. Such constructions, i.e. discourses, have implication for sexual behaviour or practices which can constrain and or facilitate what can be thought, said and done sexually. The researcher will make reference to previous studies and existing literature about the discourses as outlined in the literature review section to locate the findings of study and meanings constructed around sexual activity in existing literature.

The researcher begins with a descriptive outline of the factors that were found to influence sexual activity at the University of KwaZulu-Natal's PMB campus. However, because this is a social constructionist study, the researcher will then move away from the descriptive mode to actually engaging with the findings from a discursive/social constructionist point of view.

6.2.1. Descriptive account of factors influencing high sexual activity at university

In the results section it was established that sexual activity was high among university students. It was documented that developmental and psychosocial factors played a major role in influencing such high sexual activity among students. The majority of students form part of the early adulthood stage of development, which is closely linked with the adolescent stage as already discussed in previous sections above. Jaffe (1998) described young adults as more likely to be affected by psychosocial factors, such as the emotions of the moment, the desire to be accepted by their peers and the desire to fit in with them. Simelane (2005) also argued that during this stage students engage in sexual activity for sexual pleasure, curiosity, because their friends are doing it, as proof of desirability and popularity, to feel grown up and as a means of defying parental and religious authority. Hence, sexual activity is high for this population group.

Likewise, this study found that students' engagement in sexual activity was largely influenced by factors such as peer pressure, curiosity, freedom to experiment, and indirect pressure from feelings of guilt for keeping one's partner waiting for long, and thus seeking to attract and hold on to a partner, as well as trying to maintain status and sense of belonging so that they can feel normal. According to McCammon et al. (1998) this is a reflective characteristic of this population group. McCammon et al. (1998) argue that deciding to engage in sexual intercourse during the adolescence and the young adulthood developmental stage is influenced by one's closest peers. In their study, it was shown that adolescents were

more likely to engage in intercourse if their best friends of the same sex had engaged in intercourse. McCammon et al. (1998) argued that during this stage, young people want to feel that they are normal. Part of this quest is to be normal in their sexual thoughts, feelings and behaviour. Thus to be normal they may see themselves through the eyes of peers and significant others. Similarly, the findings of this study suggested that students' decision to engage in sexual activity is remarkably influenced by one's closest peers.

Having provided a descriptive account of the factors influencing high sexual behaviour among students, the researcher now applies discourse analysis to unpack why these factors continue to have such a major impact even among this educated population of tertiary students. The researcher will relate and discuss the major factors from a discourse framework. According to Henriques et al. (1984) discursive practices provide the subject with positions through which they make sense of their daily lives and actions. Henrique et al. (1984) argue that the way subjects position themselves within a certain discourse helps the subject to organize and understand a set of beliefs. Likewise, Willig (1998) advocates that discourses legitimize or privilege particular practices, and individuals can be positioned differently by different discursive constructions. Willig (1998) argues that people's behaviour, actions and sets of beliefs are assumed to be produced and dependent on the discourse in which they position themselves.

6.2.2. Discourses about relationships and sexual activity

Up to this point, the researcher has provided a descriptive account of the factors that influenced and characterize sexual activity among university students at the University of KwaZulu-Natal, Pietermaritzburg campus. Pressurized sexual activity; desire to experiment with sex and have fun; casual sexual activity; and inconsistent relationships were found to be what is normative about sexual activity among tertiary students at the University of KwaZulu-Natal, Pietermaritzburg campus. From the developmental perspective, it was found that students' sexual relationships were characterized by direct and indirect pressures to start engaging. Direct pressures referred to peer pressure and indirect pressure referred to feelings of guilt; need to satisfy male partners. Such pressures were found to consequently facilitate casual and inconsistent sexual relationships among the students. The researcher will now shift away from the description of factors influencing sexual activity among students to a social constructionist perspective. The researcher will now draw on discourse analysis to suggest

why these developmental factors which have been well studied still continue to pervasively impact young people's sexual behavior.

The discourse analysis enabled the researcher to pay attention to how students speak about their sexual experiences and how they draw from the sexual discourses of sexual activity to argue and justify their positions in their sexual relationships. To unpack this, the researcher will be drawing from extracts already used in the results chapter as well as new extracts which complement those already used. Wherever necessary, these extracts are discussed in relation to the male sex drive discourse (MSDD), the have/hold discourse (HHD), the permissive discourse (PD) and the marital discourse (MD) which are the discourses that were salient in this study.

Including extracts in this chapter will demonstrate that female students draw on discourses to justify and position themselves in relation to unsafe sex. The researcher will also attempt to show how the discourses were drawn upon by the participants to produce what was found to be normative about students' sexual activity on campus. The researcher also illustrates how the discourses influenced students' perceptions and management of risks on campus and how these discourses hinder women's ability to negotiate safe sex in their relationships.

The MSDD and indirect pressure to satisfy men's biological sexual drive

The factors of indirect pressure to satisfy partner's sexual need and of guilt of denying one's partner sex pressurizes female students to engage in sex with their partner. Students both from the focus group and individual interviews drew on the MSDD to justify why they engage sexually with their partners. They perceive their partner's need to have sex as biological and prescribed. This relates to the MSDD which is characterized by the assumption that men are driven by a biological necessity to seek out sex (Hollway, 1984). This discourse is described by Wilbraham (1999) as the way in which men are biologically driven to seek sexual variety with women being the object of their sexual desire, from which they gain status.

Satisfaction of the biological need:

The researcher illustrates that women are indirectly pressurized to have sex with their partners as they attempt to satisfy this biological necessity for men to have sex. The researcher argues that this, in turn compromises women's ability to successfully negotiate abstinence or other safe sexual practices with their partner. The researcher draws on the

following extracts that will help unpack how pervasive the discourses are which is evident in how the participant spoke. Blossom remarked that:

Coz I know that for guys, it's really important for them for their ego for their status and around their friends ja that sort of things but then if we come to the general public perceptions (.) the public thinks it's important for man to have sex because of the whole way that we've been socialized but then personally I don't think: it really it really matters, (FGD).

Blossom's response above suggests and draws on the MSDD to construct sex for men as an important way of constituting identity. This is done by framing it in terms of *ego* and *status*. While the literature constructs the MSDD in terms of a biology reality, in this study the participants constructed male sexuality as a social reality. The participants did not endorse the MSDD in its most obvious form (biological) but instead construct it as a social reality. The researcher argue that framing male sexuality as a form of social reality does not make it any less potent than drawing on terms which construct it as a biological reality. Blossom implies that men have a biologically prescribed need to have lots of sex in order for them to prove and maintain status in society. This links with Hollway's (1984), explanation that the MSDD assumes that men have an inherent biological drive to seek out sex, with women being the object of their sexual desire. Blossom constructs herself as not invested in this particular discourse but is able to identify it as existing in society. In this instance, we see that Blossom is trying to react to this discourse. By saying that it is not a biological thing, but "a general public perception", she recognizes that the idea exists even though she personally does not want to buy into the MSDD but at the same time she does. Although she tries to distance herself from this discourse, her disagreement is tentative rather than assertive. This is evident in the pauses, repetitions, hedges she deploys while producing this account.

Women as passive objects for satisfying men's sexual needs:

In her remark Bubbles argues that sex for some women is about satisfying men's sexual desires rather than one's needs. She states that:

Sometimes girls don't do it for themselves they just do it for the guy so that means they see it as more important. They see the guy as more important, they think it's

more important for the guy to have sex, and for you it's just I'm just satisfying his needs, I think that the perception among young (Bubbles, FGD)

By repeatedly using the construct important Bubbles produces an account of how important it is for men's sexual needs to be satisfied. This relates to the MSDD.

In the following extract, Bubbles, like Blossom, identifies male sexuality with pride. In response to the research question of how having sex is different for men and women, Bubbles from one of the individual interviews, argued:

Erhmm (...) er I think men it's with the pride I think coz like, they talk, >you have to have sex with your girlfriend< and if you don't have sex with your girlfriend she's gonna be >taken by someone< ja it's for keeps you see (Bubbles, FGD).

The participant's use of phrases such as "taken by someone" and "it's for keeps" produces an account that constructs women as objects to be gotten. She constructs male sexuality as a form of possession in which women can be taken and kept through sexual activity; and she produces an account in which men are threatened by the thought that someone else would take their girlfriend if they did not engage in sex. This constructs male sexuality as a form of conquering and women as conquests. This is in line with Wilbraham's (1999) premise that men are programmed to seek sexual variety with women being the object of their sexual activity.

The following extract was taken from the focus group interview in which Sneha responds to the question of how important having sex is for men compared to women. Through the use of words such as 'guys', 'in society', 'accepts', 'allowed', and 'get away' the male sex drive discourse is activated. Men are positioned as having access to sexual needs, while women are positioned as sex objects of these needs. In Sneha's response:

↑I won't say that exactly (.) I'd say it's not it's not more important for guys to have sex, it's just in >general society tends to accept that kind< of judgment: that guys have ↑that guys are allowed to cheat:: guys are allowed to have more:: than one partner:: guys get away with this that and everything (.) and as soon as a girl maybe comes close to that although she feels like she can do it and she wants to do it, she

gets judged in a different ways so most of us it tends to discourage some female(Sneh, FGD).

The participant further produces an account that she personally does not construct it as more important for men to have sex than it is for women. She produces an account of how this inequality is a social phenomenon. She argues that it is more socially accepted that men have more than one sexual partner in order to satisfy their sexual desire and gain status in society. The participant provides an account of how the society is permissive of multiple sexual partners. For men, having multiple partners, cheating and having as much sex as they desire is socially sanctioned. However, as with the HHD, women must be faithful or else will be judged. Sneha is drawing on this discourse to construct male sexuality as socially permitted. Sneha argues that women are often discouraged from expressing and seeking sexual pleasure unlike their male counterparts.

According to UNAIDS (1999), “beyond the individual and his or her immediate social relationships lie the larger issues of structural and environmental determinant that also play a significant role in sexual behaviour” (p.5). These extracts suggest that while students are aware of risks of sexual activity, they still adopt and draw from the discourses, as if they are natural. Therefore, in relation to HIV/AIDS and behaviour change, it is difficult for students to make decisions to abstain or adopt protective behaviour if such protective behaviour will compromise their partners’ sexual satisfaction. This suggests that while there are many awareness campaigns about risks and protective behaviour, students’ decision to adopt protective sexual behaviours and put such awareness into practice is challenged by the discourses. For instance, some participants argued that they did not totally agree that it is more important for men to have sex than it is for women. However, the majority of the participants had slept with their partners not because they were ready to engage in sex or for their own sexual pleasure, but because they felt they needed to meet their partners’ biological needs. This links to the HHD.

The HHD discourse and the indirect pressure to hold on to men

The study found that female students both from the focus group and individual interviews argued that in addition to other reasons such as satisfying men’s biological sexual drive, the pressure to keep a man or hold on to a relationship was very influential in facilitating sexual activity. This need to satisfy and hold on to a man links to the have hold discourse (Hollway,

1984). According to Hollway (1984), the HHD suggests that the goals of a woman's sexuality are to attract and keep a man. Hollway (1984) argues that there is power and status given to women who are able to attract and keep a man. Thus, Hollway (1984) highlights that women make every effort to hold on to the relationship. In turn they get to retain power and status in society.

The findings illustrate that the participants drew on the HHD to justify their practices in sexual behaviour. The participants in this study produced an account of women's sexuality in terms of attracting, pleasing and keeping their partners beyond their own personal satisfaction. These are all evident in the extract by Bubbles below

I think the difference is as somebody might have mentioned that especially for 'young girls' sex for them isn't it eerm they they >they ↑passive< and that for them it's about pleasing the guy ↑I need to make him: >happy< so he will stay with me and er you don't (.) sometimes girls don't >do it for themselves< they just ↑do it for: the guy so they (.) that means they see it as more important they see the guy as more:: important, they think it's more:: important >for the guy< to have ↑sex, and for you it's just ↓I'm just satisfying his needs, <I think that's the perception among young [girls]> at times.

Bubbles produce an account in which women's sexuality is centered on men. Above the researcher unpacked how the participants drew on the MSDD to argue that for men engaging in sexual activity was a way of boosting their ego and status in society. In contrast, here the participant described engaging in sexual activity for women as a way of pleasing and satisfying their partner's biological need (linking back with the MSDD) so that they partner would stay with them. According to Hollway (1984) and Willig (1998), the goal of women's sexuality is to attract and keep a man as there is power and status given to women who are able to attract and keep a man. Producing such an account of women's sexuality reflects both the situation facing women and a situation that contributes greatly to how women perceive themselves in relation to their sexual roles. This also then determines what positions they should assume in their relationships. The participant seems to be more concerned with keeping the man and gaining power and status in society than engaging in protective behaviour.

In the extract below, Nicky, in response to the focus group discussion on whether it is more important for men to have sex than it is for women around campus, also draws on both the MSDD and HHD. She argued that they grew up with that mind-set that men have the inherent right to have sex. This is documented in her response:

Well also I think it's it's about you, like even at home the way how children are raised at home (.) you know like they say okay guys have more power than girls so when a guy comes to you obviously you love that guy you'd persuade him okay if I don't have sex with him obviously he's he's going to leave me, so we we grew up with that mindset that okay boy anyways should have sex, in no matter what if if you are in in relationship with a guy than you ↑shou:ld have sex with him in order to to keep him for you< (.) I I think its ja boys, ja (Nicky, FGD).

Nicky asserts that if you are in relationship with a guy than you “should have sex with him” in order to keep him for yourself. She uses the construct “should” to illustrate how important it is that men’s sexual desires are satisfied or else you lose him to someone else. The phrase “in order” in her speech signifies the instruction, command or direction posed by this importance and biological drive for men to have sex. It thus again produces an account of women’s sexuality as centered around satisfying and holding onto men in order to retain your status and identity in society. Here the participant seems to be more concerned with keeping the man and gaining power and status in society. By using the words ‘I’ the participant is accounting for and taking responsibility for her response and actions in her sexual life.

In the following extract, Belle produces an account of female sexuality as historically embedded in this have hold discourse, which she however argues to be somewhat changing. In her response to the focus group discussion about whether the reasons that people are engaging in sex are changing, she felt that in the past sex was about procreation and marriage, which is the assumption of the marital discourse. She remarked:

I think they are because back in the days...remember coz our parents married early but they they they didn't feel ermmm okay let me try phrase this properly. Erhhh:: >back in the day< it was mainly for ↑pro-creation and somebody you loved and somebody that you gonna marry but now it's more:: ○like okay you gonna date a few guys○ <you gonna sleep with them>. You date guy you gonna sleep with them

before you find the right now it's not about this is the one I'm saving myself for. I will experience little experiment go there go here and ja it doesn't have that whole <before it used to be like connect> with many people you meet now people have sex now it's more like () it's more ↑free (Belle, FGD).

In this extract, the participant uses discursive phrases such as “married early” “back in the day” “for procreation”, “somebody you loved”, “somebody you gonna marry”, to produce an account of women’s sexuality in terms of marriage and family settings as argued by Hollway (1984). This constructs women’s sexuality as a form of holding on to partners.

The choice of words and the ways that students have accounted for their positions in their relationships and their experiences of sexual activity constructed students’ sexual activity as largely a product of the sexual discourses. The language used and the discourses produced by the participants in turn legitimised and maintained the traditional sexual discourses. The researcher argues that the discourses have an effect on how young educated women experience their sexual lives. These discourses reproduced the culturally or traditionally dominant ways of understanding relationships and sexual activity. And in turn, these discourses reproducing dominant ways of understanding sexual relationships and a particular kind of social order potentially makes it difficult for women to adopt different ways of thinking.

The majority of intervention campaigns to raise awareness and educate women and young people in general draw on the Knowledge Attitude and Perception framework. According to Joffe (1996), KAP assumes that an individual’s HIV/AIDS related knowledge, attitude, subjective norms and present practices determines and predicts one’s AIDS-related behavioural decision and outcomes. The focus is on helping youth become aware of the risks, learn the ways of preventing the risks, and empower them to make well-informed decisions about their sexual behaviour. However, the impact of these campaigns on youth seems to be minimal. This can be accounted for by the pervasiveness of the sexual discourses. It seems that the KAP driven interventions will not effectively address the issue of HIV/AIDS especially if people’s activities are informed by dominant sexual discourses. This study attributes this low behaviour change to the pervasiveness of traditional sexual discourses and the core meanings they encompass in society.

The PD and desire to experiment and have fun with sex

According to Hollway (1984), the permissive discourse assumes that the individual is at the centre of their sexuality, not the relationship itself. Hollway (1984) explained that within this position, the assumptions of the male sexual drive discourse are applicable to women as well. Within this position, both men and women have a belief that they have a right to express their sexuality in any way, as long as no one is harmed. While the majority of the participants expressed that they had experienced some level of pressure either direct or indirect to start having sex, there was one deviant case that was reported in the findings. This is documented in Bubbles response that *“I do not feel obliged to do it...I juts engage coz I feel like doing it....not like I am obliged to doing it. I do not feel pressured”* (Int.).

A deviant case is a case that does not follow the norm. Unlike the majority of participants, Bubbles’ response indicates that she had hardly encountered pressure from her peers or her partner to start engaging in sexual activity. This participant explained that the reason why she started engaging in sex was because she ready and wanted to. She positions herself as a sexually free being who is not obliged to engage in sex with her partner just for the sake of pleasing and or for keeping her man but for her sexual desires as well. The participant is producing an account of her sexuality as safer than others. She positions herself this way as means of achieving a positive status and appears in a positive light.

6.3. Perception of risks in sexual activity and the sexual discourses

The findings of this study suggested that students demonstrated adequate levels of knowledge regarding risks in sexual activity. The basic information about risks in sexual activity and risk management strategies among the participants of this study may possibly be attributed to the success of HIV/AIDS awareness campaigns. Health Promotion Campaigns such as the ABC campaigns and ‘First Things First’ campaigns are amongst the few countrywide educational campaigns that have been launched to inform the population about HIV and how it may be transmitted as well about strategies useful for preventing infection, (e.g. abstinence and consistent condom use).

While the participants demonstrated that they were knowledgeable about the risks in sexual activity, there seemed to be a disparity between their knowledge, perceptions and behaviour change. While the participants were aware of the risk of HIV/AIDS and unplanned pregnancy the majority of the participants in this study perceived themselves to be at higher risk of

getting pregnant and to be at lower risk of contracting HIV infection when engaging in sex. Hence, they were very concerned and preoccupied with managing the risk of pregnancy. The majority of them have not changed their sexual behaviour as a result of a concern for HIV infection. The disparity between students' behaviour and knowledge of risk is consistent with previous studies which indicated that knowledge about risks in sexual behaviour does not translate to behaviour change (Deacon, 2009; Durojaiye, 2008; Kenyon et al., 2010; MacPhail & Campbell, 2001; Matlala, 2010).

It might be argued that the sexual discourses play a significant role in influencing how the participants weigh the risks in sexual activity. As a result, it may also be argued that the failure to perceive HIV as a personal and a primary risk has prevented the majority of the participants from making a commitment to change their sexual behaviour. UNAIDS (1999) suggested that sexual behaviour is a social construct that is in many cases motivated by complicated, unclear societal norms that infuse meaning into behaviour, enabling positive or negative changes. Living in a world that is bounded by societal norms, sexual discourses play a major role in forming students' sexual behaviour at university. The findings of this study suggest that sexual discourses informed what students perceived as risk in sexual activity and how they weighted the risks in sexual activity.

6.4. Management of risks in sexual activity and the sexual discourses

Management of risks in sexual activity entails adopting protective behaviours. Health promotion and awareness campaigns aim to achieve this by educating people about ways of protecting themselves against either risk involved in sexual activity. According to Hoosen and Collins (2004), HIV-prevention programmes indicate that simply providing HIV-related information plays a limited role in changing sexual practices and emphasize that knowledge of HIV-risk does not directly translate into safe sexual practices. The findings of this study suggest that the participants were knowledgeable about ways of preventing the risk of HIV/AIDS and pregnancy. They all knew that HIV could be prevented through consistent use of condoms, and pregnancy could be prevented by hormonal contraceptives, i.e. the injection or the pill. None of them made reference to abstinence and or consistent condom use as means of avoiding either risk of pregnancy and HIV in their personal sexual relationships. The findings showed that overall, consistent condom use in students' sexual practices was low. The participants reported that during the initial stages of their relationships they did use condoms, however as the relationships progressed they reported that they stopped to

consistently use condoms at every sexual intercourse. Hence overall, condom use was low. The findings suggest that this lack of behaviour change was congruent with the risk perception. The participants were more likely to be protecting themselves from pregnancy than HIV/AIDS. This can be attributed to their perception of pregnancy as the primary concern for them and HIV/AIDS as the secondary risk.

A deviant case is that of one of the individual interview participants who perceived HIV as the most concerning risk for her. Because she was so concerned about HIV, she ensured that she protected herself by using condoms at each and every sexual encounter she had with her partner. This finding suggested that those who perceived themselves at risk were more likely to always use a condom. This was congruent with previous research study by Durojaiye (2008) which also found that those participants who perceived themselves to be at risk of HIV were significantly more likely to always use condoms when engaging in sexual activity. While this deviant case indicates that some students are able to make wise decisions about their sexual lives, the majority of the students however do not always engage in healthy sexual behaviour.

6.4.1 Condom use and the sexual discourse

The data found that consistent condom use in students' sexual practices was low. It seemed that even though they know that using a condom may help prevent HIV they still however continue to engage in sex without condoms. To justify why she did not use condoms as a consistent method of risk prevention, Belle remarked that:

As I said before (.) maybe 95% of the time like I do. But there would be that one time where (.) you know (.) your boyfriend will let it slip like like you you'd you guys would get so caught up in the moment that you'd just (.) you just do it and then you just have sex without a condom, (Int.).

In Belle's remark, she argues and frames her reasons for inconsistent condom use as related to her desire to satisfy her sexual needs as well as those of her partners at that moment. It also seemed that when students are in long term relationships and in which they may have established trust, then they allow inconsistent use of condoms. This relates to the marital discourse that presumes that when people are in long term relationships then there is no need to use condoms. According to Willig (1995), the marital discourse is associated with the issue

of trust and presumes that people in long term relationships might feel that they are both safe and that there is no need to use contraception. According to Willig (1995) people in relationships view their non-use of the condom as a symbol to show that they trust one another. This discourse is drawn on by many of the participants in the individual interviews and participants in the focus group.

Bubbles similarly remarked that engaging in sexual activity in her relationship “*is for satisfaction for both of us*” (Int.). She argues that in her relationship, both she and her partner engaged in sexual activity for sexual satisfaction. She constructs a balanced sexual relationship, in which both partners are equally free to express their sexuality in any way as long as no one is harmed and for the satisfaction of both of them.

The study findings suggest that as long as the influence of the discourses and the strong institutional and social pressure for having sex (including peer pressure) imposed on women continues, protective behaviour is unlikely to become a realistic option for young women to avoid risk of becoming pregnant and HIV infected. The researcher argues that the pervasiveness of the discourse makes individual change difficult. It is difficult for individuals to act outside of these discursive frameworks

6.5. Chapter summary

The participants in this study made adequate reference to preventative methods, i.e. consistent condom use; and staying faithful to one partner (indicating their knowledge rather than practice). This suggests that prevention programmes such as the ABC campaign are partially effective in educating young people about risks in sexual activity. Traditionally, these prevention campaigns have tried to change sexual behaviour by providing information about health risks and risk management. However, a very limited success has been documented supporting the argument that knowledge of risks does not directly translate into safe sexual practices. Since sexual behaviour is a social construct, contextualized within social relations, this suggests that the fundamental barriers to behavioural change lie within the social context that shapes the sexual behaviour of students.

In view of the limitations of current HIV awareness campaigns (which draw on cognitive and behavioural models such as the health belief model) in ensuring behaviour change

amongst the youth, this study's social constructionist approach found that knowledge on its own does not translate into behaviour change while social norms are not addressed. The application of the discourse analysis approach highlighted how the participants used terms that constructed risks in sexual activity and management of risks in sexual activity in relation to the sexual discourses, and how the participants positioned themselves in relation to the discourses and sexual behaviour.

The findings of this study showed that the sexual discourses played a major role shaping students' sexual relationships, and hence their perceptions about the different risks in sexual activity. The dominant sexual discourses, such as the MSDD and HHD positioned women as the objects of men's sexual desires. The participants viewed sexual activity in terms of men's needs and drives. As a result, adopting these positions in the discourses made it very difficult for young women to negotiate safe sex in their relationships knowing that this may ruin their relationship and the boyfriends may seek sex elsewhere. Therefore, behaviour change among students was associated with how students make meanings about sexual behaviour and sexual relationships presented to them by the discourses.

This study provides an understanding as to why the rates of HIV infections amongst the student population remain high, despite the high exposure to HIV/AIDS prevention campaigns. From a social constructionist perspective, the sexual discourses seem to play a significant role in behaviour change among students.

CHAPTER SEVEN: CONCLUSION

Much research has been conducted to measure young people's knowledge and attitudes to HIV/AIDS in South Africa (HEAIDS, 2010a). Previous research studies found that young people are knowledgeable about HIV/AIDS and the strategies available to prevent the risk of contracting the virus. This was attributed to the success of the countrywide HIV/AIDS awareness campaigns. Nevertheless, little behaviour change among young people, particularly university students has been documented across 21 tertiary institutions in South Africa (HEAIDS, 2010a). Hence, on-going research that takes into account the social, cultural and economic factors that influences human behaviour was needed to understand why behaviour changed has not occurred.

This research study used a sample of 9 black female students from the University of KwaZulu-Natal and focused on students' awareness of risks in sexual activity, their perceptions and management of risks in sexual activity, what is normative about sexual behaviour and HIV/AIDS at university and how discourses inform students' perceptions, beliefs and sexual practices.

The philosophical and methodological premise of social constructionism was adopted in this study to investigate the social constructions of risks in sexual activity and their implication for sexual practice and the management of these risks among educated university students. Data was collected through the means of one focus group and two individual interviews. The findings of this study were analysed using discourse analysis and thematic analysis and interpreted in terms of social constructionism. The theoretical framework of social constructionism aided in documenting the ways in which female students' sexuality is shaped by the sexual discourses (i.e. male sexual drive discourse, have hold discourse, marital discourse and permissive discourse) that disadvantage women.

Although the sexually active student participants demonstrated basic knowledge about risks and management of risks in sexual activity, risky behaviour was common and protective behaviour was low. The findings suggested that a range of discourses inform students' social construction of sexual activity, perception and management of risk. It is suggested that HIV and AIDS education and preventative programmes, in order to be effective and to result in

observable behaviour change, including in educated youth, should be designed to address the wider social discourses surrounding sexual relationships.

The findings suggested that while students are knowledgeable about risks and risks management, their knowledge did not lead to behaviour change. High levels of risky sexual activity were reported by students both directly and indirectly. The findings suggest that the reason why students engaged in sex was because of factors such as curiosity and their tendency to want to experiment with sex with inconsistent and or multiple sexual partners, have fun, substance abuse, freedom, and peer pressure, which are behaviours that increase the risk of contracting HIV. With regards to perception of risks, the findings suggested that the participants perceived themselves to be at a higher risk of falling pregnant than of contracting the HIV/AIDS infection when engaging in sex.

Consequently, this low perception of the HIV/AIDS risk predisposes students to have unprotected sex and hence making them vulnerable to HIV/AIDS. The findings suggested that students who perceived themselves to be at low risk of HIV/AIDS and at great risk of pregnancy were more likely to take measures that will manage the risk of pregnancy. Most of the participants were on hormonal contraceptives, i.e. the pill or the injection, to ensure that they do not fall pregnant. The use of the emergency pills commonly known as the morning after pill was also high amongst students. Even though students did not perceived themselves to be primarily at risk of contracting HIV/AIDS, they were aware that they could get infected if their sexual partner was infected. Even so, they still engaged in unsafe sex and resorted to using the morning after pill as means of ensuring that the threat of pregnancy was dealt with. Because students are mostly on contraceptives to prevent the risk of pregnancy, condom use is often low and inconsistent. This is probably because they do not prioritise HIV/AIDS. The social constructionist perspective enabled the researcher to unpack why students perceive the risk of pregnancy as more important than the risk of HIV/AIDS. The findings suggested that students' perception of risks was linked to the sexual discourses.

Discourses help youth make sense of their complex world. By utilizing, drawing from and positioning themselves in relation to these discourses, participants' knowledge about risks and protective behaviour is compromised. The discourses disempower educated female students by making them more concerned about satisfying their partner's sexual need or holding on to relationships in order to prove to others that they can attract and keep men

rather than protecting themselves against the risks in sexual activity. The researcher acknowledges that this woman's supposed disempowerment does not come at any benefit for them. The researcher acknowledges that while women are often objects to satisfy men's sexual desires (MSDD), women also have investments in taking these positions. In other words, often women will try to satisfy their partner's biologically inherent right to sexual pleasure by sleeping with them to ensure that they do not leave them for other women who will satisfy them. As a result by sleeping and satisfying their partners, women also benefit by holding on to their men and those relationships. Hence, drawing and positioning themselves within the have hold discourse for instance gives them status and power in society. However, overall, if their identity investment is enhanced by the discourses, the researcher argues that it will thus be challenging for the young women to put into action other protective behaviour learned from prevention programs against HIV/AIDS if these will clash with their identity investment.

For instance, the ABC campaign encourages young people to 'Abstain', 'Be faithful' and 'Condomise'. Abstaining hence becomes impossible if one is preoccupied by the need to prove to peers and society that one is as attractive as other women and can satisfy and hold on to a man. For a female student to hold on to a partner (HHD) in order to maintain status in society, this means she has to sleep with the partner even if she is not ready or else the partner will leave her and seek sexual satisfaction elsewhere.

In summation, it is crucial that researchers, policy makers and practitioners understand youth sexuality, so that they can work with youth to co-create healthy sexual practices that helps not put youth at risk of sexuality transmitted infections while existing in a society informed by discourses of sexual activity as discussed above. This means, paying attention to the role played by sexual discourses in shaping sexual practices can be an effective way of dealing with the high prevalence rate of infection among South African youth. This will help in identifying the broader material and cultural factors that escalates the chances of unhealthy sexualities among youth and fight them accordingly. From Willig's (1998) viewpoint particular practices or possible behaviour patterns (eg. students' sexual behaviour) are bound up with discourses. She argues that discourses can facilitate or undermine particular discursive constructions. Willig further explains that particular practices become legitimate forms of behaviour within particular discursive contexts. Thus Willig (1998) asserts that these observations have implications for AIDS education. She argues that if discourses are

bound up with practices, then AIDS campaigns that aim to change people's sexual behaviour must address the wider discourses surrounding sexuality and sexual relationships. Therefore, it is imperative that future campaigns address the discourses as these have serious impact on youth's sexual behaviour.

7.1. Strengths and limitations

The study comprised a small sample of nine black female students from across different colleges at the UKZN, Pietermaritzburg campus. While this sample is too small to be representative of students it is adequate for reporting findings at a campus level and is transferable for black female students in similar context.

While the focus group participants were from the same campus, and very familiar with each other, the study still obtained high levels of participation from the focus group which allowed for some level of comfort and free participation. The use of a qualitative study allowed for deeper and in-depth discussion of the topic of sexual activity and its respective risks. Methodological triangulation, i.e. a combination of the focus group and individual interviews, and audio recording used in this study was also useful in ensuring the dependability of the results obtained. The use of the audio recording allowed the researcher the opportunity to be able to go back to listen to the recordings at any time and reflect on the data. This also enabled the researcher to retrieve and gain good access to the words of the participants without relying upon her memory. To enhance this the researcher also used a notepad during both the focus group and individual interviews to take notes, which was very helpful in understanding participants' meanings of words or statements used without trying to change them according to what the researcher thinks they meant as a researcher. By retaining this access to subjects' own categories, one satisfies the theoretical orientation of much qualitative research while simultaneously allowing readers to retain some sort of direct access to raw material.

By using a social constructionist approach, I acknowledged that the data generated are constructed by the participants and are a reflection of the participant's background and a function of their personal sexual experiences. The researcher being a black female student from the same tertiary institution as the participants have aided in the process of establishing rapport and of understanding their sexual experiences and socio-cultural influences. However, this limited the researcher's engagement and analysis to that from the point of an

insider. The researcher suggests that a different researcher from a different background and with different life experiences may have contributed a different perspective as to how to interpret the participants' experiences and data.

When collecting data it was initially proposed that the study was going to use two focus group discussion with males (10 participants) and females (10 participants) to obtain a general perspective as well as individual interviews with two men and two women to obtain the personal information. However, due to the sensitivity of the topic, participants approached recruiters requesting that the focus groups and interviews be conducted in different gender and racial groups to allow for comfort and openness to participate. Thus the researchers ended up dividing the groups according to race and gender amongst the four researchers. The researcher then ended up only conducting one focus group discussion with black female students which then allowed for some level of comfort. However, this adjustment then contributed negatively the number of participants aimed for. Instead of the 10 participants initially targeted, the study managed to get 9 participants to participate in the focus group discussion. This may have affected the results in terms of obtaining perspective that could have been attributed to the larger campus population.

The study timeframe was constrained by demands of the university/college deadlines and timetable as well as availability of venues. Logistical arrangements were further fraught by the need to consider university vacations and exam periods. These two major factors hampered the smooth implementation of the study. As such, it was only possible to conduct the focus group and individual interviews in May 2012 before examinations began in June 2012, after which students were leaving for their vacation. This limited recruitment.

The researcher being a black female student at the UKZN, PMB campus and sharing very similar characteristics and experience with the participants was able to immerse and better understand the data. This exposed the researcher to be over familiar with the experiences and over-emphasizing the participant's response, regardless of their significance, perhaps just because the researcher could identify with that response. Throughout the research process, reflexivity was one of the principles that I constantly used in order to try and make the research as fair and non-biased as possible. According to Willig (2008), "reflexivity is important in qualitative research because it encourages us to foreground, and reflect upon, the ways in which the person of the researcher is implicated in the research and its findings"

(p.18). Willig (2008) further explains that reflexivity invites us to think about how our own reactions to the research context and the data actually make possible certain insights and understandings. Likewise, I have tried to be aware of how my position as a young South African has influenced my analysis of their results. In addition, I have been careful of the claims that I have made and the way that I have interpreted and presented my findings.

7.2. Further research

This research study indicated that amongst the students studied, perception of the HIV risk is low compared to the risk of pregnancy which was high. It reported how the disparity between knowledge, perception and behaviour change is impacted by the sexual discourses, particularly for the student population. It seemed that even when people are knowledgeable that they need to use a condom in order to protect themselves from contracting the risk of STI's or HIV and pregnancy, people still do not use their knowledge. Further research could explore the influence of sexual discourses in shaping young people's sexual behaviours, as this could inform future awareness campaigns.

This should be complemented by thorough and clearly sequenced campaigns tailored to accommodate the social construction of sexuality and the variety of sexual discourses identified in this study in order to prevent HIV infection and alleviate its impact. Thus, future campaigns that ought to be effective in behaviour change need to challenge the existing discourse and create alternative discourses. Future intervention programmes should also focus on the influences of the discourses and on addressing these discourses in society.

Van Wyk (2006) suggests that awareness programmes should help to influence the social climate on campus to support preventative behaviour. The researcher also argues that this is essential since this study found that social factors (campus norms, discourses) combined with developmental factors (peer pressure, substance abuse, increased desire for sexual experimentation) worked together to construct the reality of HIV/AIDS amongst students. Therefore, the researcher supports that customs and traditions of students should be taken into consideration when developing these programmes (van Wyk, 2006).

Campaigns should not only focus on condom use but also address men and women's positions in relationships, and the influence of sexual discourses. Student programmes should

address gender and assertiveness, and challenge accepted definitions of femininity and masculinity as well as the presumed roles instilled by the societal discourses of sexuality.

Finally, in response to the findings of the present study, future research could investigate the risk perception and risk management at other universities, with other larger samples to ascertain the transferability of the findings to the general student population.

REFERENCE LIST

- Adedimeji, A.A. (2005, September). *Beyond knowledge and behavior change: The social-structural context of HIV/AIDS risk perceptions and protective behavior among young urban slum inhabitants in Nigeria*. Takemi Program in International Health 2004-2005. Retrieved October 23, 2012 from <https://www.hsph.harvard.edu/takemi/files/2012/10/RP228.pdf>.
- Arnett, J.J. (2001). *Adolescence and emerging adulthood: A cultural approach* (4th ed.). New Jersey: Prentice Hall.
- Babbie, E., & Mouton, J. (2001). *The practice of social research*. Cape Town: Oxford University Press South Africa.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Breinbauer, C., & Maddaleno, M. (2005). *Youth: choices and change: Promoting health behaviours in adolescents*. Washington: PAHO.
- Brook, D. W., Morojele, N. K., Zhang, C., & Brook, J. S. (2006). South African adolescents: pathways to risky sexual behaviour. *AIDS Education and Prevention*, 18(3), 259-272.
- Brooks-Gunn, J., & Fusternburg, F. F. (1990). Coming of age in the era of AIDS: Puberty, sexuality and contraception. *The Milbank Quarterly*, 68(1), 59-84.
- Burr, V. (1995). *An introduction to social constructionism*. London: Routledge.
- Chitamun, S., & Finchilescu, G. (2003). Predicting the intention of South African female students to engage in premarital sexual relations: An application of the Theory of Reasoned Action. *South African Journal of Psychology*, 33(3), 154-161.
- Cho, J., & Trent, A. (2006). Validity in qualitative research revisited. *Qualitative Research*, 6(3), 319-340.
- Deacon, L. J. (2009). *Choosing and using: The dynamics of contraceptive use amongst university students*. Unpublished honour's thesis, University of KwaZulu Natal, Pietermaritzburg, South Africa.
- Department of Health (2011). *The national antenatal sentinel HIV and syphilis prevalence survey in South Africa 2010*. Pretoria: National Department of Health.
- Durojaiye, C. (2008). Knowledge, perception and behaviour of Nigerian youths on HIV/AIDS. *The Internet Journal of Health*, 9 (1).
- Edward, D., & Potter, J. (1992). *Discursive psychology*. London: Sage Publications.

- Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods*, 5(1), 80-92.
- Gergen, K. J. (1985). The social constructionist movement in modern psychology. *American Psychologist*, 40(3), 266-275.
- HEAIDS, (2008). *HIV and AIDS in the Higher Education Sector findings of the study on HIV seroprevalence and related factors at the University of KwaZulu-Natal*. Pretoria: Higher Education South Africa.
- HEAIDS, (2010a). *Funding models for the provision of HIV and AIDS services to staff and students at higher education institutions in South Africa*. Pretoria: Higher Education South Africa.
- HEAIDS, (2010b). *HIV prevalence and related factors—Higher Education Sector Study, South Africa, 2008–2009*. Pretoria: Higher Education South Africa.
- Henriques, J., Hollway, W., Urwin, C., & Walkerdine, V. (1984). Introduction to section 3: Theorizing subjectivity. In J. Henriques, W. Hollway, C. Urwin, C. Venn & V. Walkerdine (Eds.), *Changing the Subject: Psychology, social regulation and subjectivity* (pp. 202-226). London: Methuen & Co. Ltd.
- Henry, G. (1999). Practical sampling. In L. Bickman & D. Rog (Eds.), *Handbook of applied social science methods* (pp.101-126). Thousand Oaks, CA: Sage Publications.
- Higher Education in Context (2011). Retrieved August 13, 2013, from http://www.ieasa.studysa.org/resources/Study_SA/Facts_Figures_section.pdf
- Hoffman, L. (1990). Constructing realities: An art of lenses. *Family Process*, 29, 1-12.
- Hollway, G. (1984). Gender differences and the production of subjectivity. In J. Henriques, W. Hollway, C. Urwin, C. Venn & V. Walkerdine (Eds.), *Changing the subject: Psychology, social regulation and subjectivity* (pp. 202-226). London: Methuen & Co. Ltd.
- Hoosen, S., & Collins, A. (2004). Sex, sexuality and sickness: Discourses of gender and HIV/AIDS among KwaZulu-Natal women. *South African Journal of Psychology*, 34(3), 487-505.
- Hutchby, I., & Wooffitt, R. (1998). *Conversation Analysis*. Cambridge, United Kingdom: Polity Press.
- Jaffe, M.L. (1998). *Adolescence*. New York: John Wiley & Sons.
- Joffe, H. (1996). AIDS research prevention: a social representation approach. *British Journal of Medical Psychology*, 69, 269-190.
- Kamungoma-Dada, I. (2007). *Proceedings of The HSRC Roundtable discussion paper 2: Why youth and why now- the demographic dividend*. Pretoria: HSRC Press.

- Kelly, K. (2006). From encounter to text: Collecting data in qualitative research. In M. Terre Blanche, K. Durrheim & D. Painter (Eds.), *Research in practice: Applied methods for the social sciences* (2nd ed.) (pp. 285-319). Cape Town: UCT Press.
- Koniak-Griffin, D., & Stein, J. A. (2006). Predictors of sexual risk behaviours among adolescent mothers in a human immunodeficiency virus prevention program. *Journal of Adolescent Health, 38*, 297.e1–297.e11.
- Kenyon C., Zondo, S., & Badri, M. (2010). Determinants of self-perceived HIV risk in young South Africans engaged in concurrent sexual relationships. *African Journal of Reproductive Health, 14*(3), 171-182.
- MacPhail, C., & Campbell, C. (2001). ‘I think condoms are good but, aai, I hate those things’: condom use among adolescents and young people in a Southern Africa township. *Social Science and Medicine, 52*, 1613-1627.
- Mahat, G., & Scoloveno, M. A. (2010). HIV peer education: relationships between adolescents’ HIV/AIDS knowledge and self-efficacy. *Journal of HIV/AIDS & Social Services, 9*(4), 371-384.
- Merten, D. M. (1998). *Qualitative research. Research methods in education and psychology* (pp. 159-190). Thousand Oaks: Sage Publications.
- Matlala, R. N. (2010). *Contraceptive use and pregnancy amongst University of KwaZulu-Natal Students*. Unpublished honour’s research project. University of KwaZulu-Natal, Pietermaritzburg, South Africa.
- McCammon, S., Knox, D., & Schatch, C. (1998). *Making choices in sexuality: Research and application*. Pacific Grove: Brooks/Cole.
- Moore, S., & Rosenthal, D. (1993). *Sexuality in Adolescence*. London: Routledge.
- Mulwo, A. K., Tomaselli, K. G., & Dalrymple, L. (2009). Condom brands, perceptions of condom efficacy and HIV prevention among university students in KwaZulu-Natal, South Africa. *African Journal of AIDS Research, 8*(3), 311-320.
- Naidoo, P., & Kasiram, M. (2006). Exploring unplanned pregnancy amongst university student. *Social Work, 42*(3), 341-353.
- Nightingale, D. J., & Cromby, J. (1999). *Social constructionist psychology: A critical analysis of theory and practice*. Buckingham: Open University Press.
- Norton, J., & Dawson, C. (2000). *Life skills and HIV/AIDS education*. Sandton: Heinemann.
- Pettifor, A. E., Rees, H. V., Kleinschmidt, I., Steffenson, A. E., MacPhail, C., Hlongwa-Madikizela, L., Vermaak, K., & Padian, N. S. (2005). Young people’s sexual health in South Africa: HIV

- prevalence and sexual behaviours from a nationally representative household survey. *AIDS*, 19, 1252-1534.
- Potgieter, C. (2003). Sexualities and masculinities: Histories and future possibilities: Lesbianism. In K. Ratele, & N. Duncan (Eds.), *Social psychology: Identities and relationships* (pp. 269-288). Cape Town: University of Cape Town Press.
- Rosenblatt, P. C., & Fischer, L. R. (1993). Qualitative family research. In P. G. Boss, W. J. Doherty, R. LaRossa, W. R. Schumm, & S. K. Steinmetz (Eds.), *Sourcebook of family theories and methods: A contextual approach* (pp. 167-177). New York: Plenum Press.
- Serbin, L. A., & Sprafkin, C. H. (1987). A Developmental Approach: Sexuality from infancy through adolescence. In J. H. Geer, & W. T. O'Donohue (Eds.), *Theories of human sexuality* (pp. 163-196). New York: Plenum Press.
- Shisana, O., Rehle, T., Simbayi, L.C., Zuma, K., Jooste, S., Pillay-van-Wyk, V., Mbelle, N., Van Zyl, J., Parker, W., Zungu, N.P., Pezi, S., & The SABSSM III Implementation Team (2009). *South African National HIV prevalence, incidence, behaviour and communication survey 2008: A turning tide among teenagers?* Cape Town: HSRC Press.
- Shisana, O., Rehle, T., Simbayi, L.C., Zuma, K., Jooste, S., Zungu, N., Labadarios, D., Onoya, D., et al. (2012). *South African National HIV prevalence, incidence and behaviour survey 2012*. Cape Town: HSRC Press.
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 11, 63-75.
- Silverman, D., & Marvasti, A. (2008). *Dong qualitative research: A comprehensive guide*. London: Sage Publications.
- Simelane, B. N. (2005). *HIV/AIDS knowledge, attitudes and risky sexual behaviours of college students at Nazarene teacher training college in Swaziland: A descriptive study*. Unpublished master's thesis, University of Western Cape, Western Cape, South Africa.
- Soskolne, T., Stein, J., & Gibson, K. (2003). *Working with ambivalence: finding a positive identity for HIV/AIDS in South Africa*. Centre for Social Science Research Working Paper no. 53, University of Cape Town. Retrieved April 26, 2012 from <http://www.cssr.uct.ac.za/sites/cssr.uct.ac.za/files/pubs/wp53.pdf>
- Starks, H., & Brown Trinidad, S. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research*, 17(10), 1372-1380.
- Statistics South Africa (2012). *Census 2011 methodology and highlights of key results*. Statistics South Africa. Pretoria: South Africa.
- Statistics South Africa (2013). *Mid-year population estimates 2013*. Pretoria: South Africa.

- Strydom, H., Fouché, C. B., & Delpont, C.S.L. (2002). *Research at grass-roots for the social sciences and human service professionals*. (2nd ed.). Pretoria: van Schaik Publishers.
- Taylor, S. J., & Bogdan, R. (1984). *Introduction to qualitative methods: The search for meaning*. New York: Wiley & Son.
- Terre Blanche, M., & Durrheim, K. (Eds.) (1999). *Research in practice: Applied methods for the social sciences*. Cape Town: University of Cape Town Press.
- Terre Blanche, M., Durrheim, K., & Painter, D. (Eds.) (2006). *Research in practice: Applied methods for the social sciences*. (2nd ed.). Cape Town: University of Cape Town Press.
- Terre Blanche, M., Durrheim, K., & Kelly, K. (2006). First steps in qualitative data analysis. In M. Terre Blanche, K. Durrheim & D. Painter (Eds.), *Research in practice: Applied methods for the social sciences* (2nd ed.) (pp. 320-344). Cape Town: UCT Press.
- Terre Blanche, M., Kelly, K., & Durrheim, K. (2006). Why qualitative research? In M. Terre Blanche, K. Durrheim & D. Painter (Eds.), *Research in practice: Applied methods for the social sciences* (2nd ed.) (pp. 271-284). Cape Town: UCT Press.
- UNAIDS (1999). *Sexual behavioural change for HIV: where have theories taken us?* Geneva: Switzerland.
- UNAIDS (2013). *Global report: UNAIDS report on the global AIDS epidemic 2013*. Geneva: Switzerland.
- USAID (2011). *HIV/AIDS health profile: Southern Africa*. Pretoria: South Africa. Retrieved March 13, 2012 from http://www.usaid.gov/our_work/global_health/aids/.
- Van der Linde, I. (2013, June). *HIV/AIDS in South Africa: At last the glass is half full*. Plenary session 3 presented at the 6th South African AIDS Conference in Durban. HSRC: Durban. Retrieved October 11, 2013 from <http://www.hsrc.ac.za/en/media-briefs/hiv-aids-stis-and-tb/plenary-session-3-20-june-2013-hiv-aids-in-south-africa-at-last-the-glass-is-half-full>
- Van Wyk, C. (2006). HIV/AIDS perceptions, attitudes and awareness of undergraduate students. *The Journal for Transdisciplinary Research in Southern Africa*, 2(1), 165-180.
- Wassenaar, D. (2006). Ethical issues in social science. In M. Terre Blanche., K. Durrheim, & D. Painter. (Eds.), *Research in Practice: Applied methods for the social sciences* (2nd ed.) (pp. 60-79). Cape Town: University of Cape Town Press.
- WHO (World Health Organisation) (2013a). *Global health observatory: Global situation and trends*. Retrieved October 22, 2013 from <http://www.who.int/gho/hiv/en/>.
- WHO (World Health Organisation) (2013b). *Global health observatory data repository: Data on the size of the HIV/AIDS epidemic: Number of people (all ages) living with HIV by country*. Retrieved October 23, 2013 from <http://apps.who.int/gho/data/view.main.22100>.

- Wilbraham, L. (1999). What is the risk of the wife getting AIDS? Psychological regimes of body regulation in talk about HIV/AIDS and monogamy-rules in advice columns. In D. Hook, M. Terre Blanche, & K. K. Bhavnani (Eds.), *Body politics: Power, knowledge and the body in the social sciences* (pp. 160-171). Johannesburg: Histories of the Present Press.
- Willig, C. (1995). I wouldn't have married the guy if I'd have to do that: Heterosexual adults' constructions of condom use and their implications for sexual practice. *Journal of Community and Applied Social Psychology*, 5, 75-87.
- Willig, C. (1998). Constructions of sexual activity and their implications for sexual practice: Lessons for Sex Education. *Journal of Health Psychology*, 3, 383-392.
- Willig, C. (1999). *Applied discourse analysis: Social and psychological interventions*. Buckingham: Open University Press.
- Willig, C. (2008). *Introducing qualitative research in psychology* (2nd ed.). New York: McGraw-Hill.
- Wilson, S. E., & MacLean, R. (2011). *Research methods and data analysis for psychology*. London: McGraw-Hill.

WE WANT YOU TO TALK ABOUT SEX

Are you sexually active, a UKZN student and over the age of 18?

If you are interested in participating in this study or would like more information, please contact us by email, sms or please call me:

[illegible]

APPENDIX 2: LETTER TO RMS

College of Applied Human Sciences
University of KwaZulu-Natal
P/Bag X01
Scottsville
3209
27 February 2012

To whom it may concern

Dear Sir/Madam

Our names are Joanne, Senzo Chris and Khanyisile. We are postgraduate students from the Discipline of Psychology, College of Applied Human Sciences, University of KwaZulu-Natal Pietermaritzburg campus. Our research project involves asking students to participate in interviews and focus groups which we hope will benefit the community and possibly other communities in the future. This study is interested in the use of contraception among students. This study is carried out to explore what students' perceive as risks of sexual activities and their own perceived level of vulnerability to the risks and how do they manage these risks.

In order to recruit participants we hope to display notices/poster inviting students to participate in the study.

If you would like to discuss any further details of our project or have any questions about this request please contact Safe sex project (079 411 5217), or our supervisor, Mary van der Riet (033 260 5853).

Thank you for your consideration,

Regards,

Joanne Phyfer, Senzo Ntuli, Chris Hamlyn and Khanyisile Nene
SafeSexProject2012@gmail.com

APPENDIX 3: LETTER TO HEAD OF DISCIPLINES

To the academic leader of the discipline

Our names are Joanne, Senzo Chris and Khanyisile. We are postgraduate students from the Discipline of Psychology. We are conducting a study on students' perceptions of, and attitudes towards, safe sex and contraceptives and would like to request permission to announce the study in various second year, third year and honours level lectures within your Discipline.

If permission is granted, the announcements will be arranged in consultation with the lecturers of these courses. The announcements will be brief and should not be disruptive to those attending the lectures. Students will be given a short description of the study and what participation will entail and will be asked if they would like to participate in the study at a later date.

If you would like to discuss any further details of my project or have any questions about this request please contact Safe sex project (079 411 5217), or our supervisor, Mary van der Riet (033 260 5853).

Thank you for your consideration,

Regards,

Joanne Phyfer, Senzo Ntuli, Chris Hamlyn and Khanyisile Nene
SafeSexProject2012@gmail.com

APPENDIX 4: FLYERS

<p>Research volunteers needed urgently!!!!</p> <p>Would you be interested in participating in a discussion about safe sex and gender?</p> <p>Are you sexually active, a UKZN student and over the age of 18?</p> <p>We are looking for black male students to be part of a study exploring safe sex in relationships and will be conducting same-gender focus groups with UKZN students to discuss safe sex.</p> <p>If you are interested in participating in this study or would like more information, please contact us by email, sms or please call me. Please contact Safe sex project (Discipline of Psychology) with your name and contact number</p> <p>Email:</p> <p>SafeSexProject2012@gmail.com</p> <p>Sms: 079 411 5217</p>	<p>Research volunteers needed urgently!!!!</p> <p>Would you be interested in participating in a discussion about safe sex and gender?</p> <p>Are you sexually active, a UKZN student and over the age of 18?</p> <p>We are looking for black male students to be part of a study exploring safe sex in relationships and will be conducting same-gender focus groups with UKZN students to discuss safe sex.</p> <p>If you are interested in participating in this study or would like more information, please contact us by email, sms or please call me.</p> <p>Please contact Safe sex project (Discipline of Psychology) with your name and contact number</p> <p>Email:</p> <p>SafeSexProject2012@gmail.com</p> <p>Sms: 079 411 5217</p>	<p>Research volunteers needed urgently!!!!</p> <p>Would you be interested in participating in a discussion about safe sex and gender?</p> <p>Are you sexually active, a UKZN student and over the age of 18?</p> <p>We are looking for black male students to be part of a study exploring safe sex in relationships and will be conducting same-gender focus groups with UKZN students to discuss safe sex.</p> <p>If you are interested in participating in this study or would like more information, please contact us by email, sms or please call me.</p> <p>Please contact Safe sex project (Discipline of Psychology) with your name and contact number</p> <p>Email:</p> <p>SafeSexProject2012@gmail.com</p> <p>Sms: 079 411 5217</p>
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APPENDIX 5: PARTICIPATION INFORMATION SHEET (focus group)

Participant's information sheet

I am Khanyisile Nene, a Psychology Masters student here at UKZN. I am required to conduct a research project under the supervision of one of the Psychology lecturers. Hence, for this study I am looking for students to participate in a focus group and possibly an individual interview for research which I hope to benefit your community and possibly other similar communities in the future. I wish to thank you so much for wanting to help us conduct this study, through your participation, which I highly appreciate. But before we can get started I need to inform you what I will be doing and how I will do it.

This project is studying sex and the perceived risks of engaging in sex and management of such risks among university students on campus which I hope will benefit sexual health and HIV-preventative campaigns in South Africa. This means that a few sensitive topics and questions about sex and perceived risks and protective measures will be addressed during the process. When it comes to answering these questions, **there are no right and wrong answers**. Two forms of data collection will be used: focus groups and individual interviews.

Please understand that your participation in this study is completely **anonymous**. Participation is **completely voluntary** and you are not being forced to take part in this study, meaning that you may leave at any time, for any reason if they choose to do so. Choosing not to participate will not lead to any form of harm or disadvantage, penalties and **you will not be prejudiced in any way**. You do not have to take part in the study or any answer the question if you are not completely comfortable with what is required. Should you feel distress as a result of completing the interview you are encouraged to contact the project supervisor, myself or approach the UKZN Child and Family Centre for psychological assistance. Arrangements for these have been made.

If you choose to participate in this study you will receive an informed consent declaration form, which I ask you to read and understand.

Focus Groups

The focus group session will take approximately one hour. I will be asking you a few questions that need to be answered in a group setting. Some questions may be of a personal and/or sensitive nature. **You may choose not to answer these questions.**

A group confidentiality agreement (pledge) will be signed; however it is up to you to maintain confidentiality. When you participate in the focus group, other participants may know you or your name since coming from the same university. During the discussion you may choose to be known by a pseudonym, if you wish. The discussion will be an informal one, wherein personal references and stories are not mandatory. I am not looking for what you think the appropriate response might be, but rather your own opinion and values on the subject.

I will be recording the discussion with the use of a tape recorder, but **your identities will be protected with the use of pseudonyms** when the results are published.

The information that is gained during the project will be stored in a locked cabinet in my supervisor's office; only my supervisor and I will be able to access it. After the study has been completed any information that links your identity to the data will be destroyed.

The results of the study will be presented in a report that will be assessed by my supervisor and two external examiners and presented at the Discipline of Psychology Postgraduate conference. I or my supervisor Mary van der Riet, may also present the results of the research at other conferences. The findings may also form the basis of future journal articles. Please know that **no details signaling your personal identity will be released.**

If I ask you a question which makes you feel uncomfortable or embarrassed, we can stop and talk about it or you may come to me at a later stage to discuss the issue or you may contact us (**details at the bottom of the page**). There are also people from the university who are willing and available to talk to you about issues which may emerge during the research process.

If you have any complaints or questions regarding any aspect of this study, you may contact Mary van der Riet by vanderriet@ukzn.ac.za or 033 260 6163. If you have a complaint about any aspect of this study, you may also contact the Psychology Higher Degrees Ethics Committee (033 260 5853).

Thank you

Khanyisile Nene

xxxx

xxxx

APPENDIX 6: CONSENT FORM

I _____ hereby confirm that I understand the nature and purpose of this study, regarding sexual risky behaviours, as they have already been explained to me. I understand that by participating in the focus group and interview I am giving my consent to participate in this study.

I understand that participation in this study is completely voluntary, anonymous and confidential, as I do not have to give my name, student number or any other details to the researcher.

I understand that if at any time I feel uncomfortable or feel distressed answering the questions asked by the researcher I am free to leave the study and may contact the researchers or approach the UKZN Child and Family Centre.

I have received the telephone number of a person to contact should I need to speak about any issues that may arise in these interviews.

I understand that this consent form will not be lined to interview schedule, and that my answers will remain confidential.

I understand that no incentive is offered for participation in this study.

If you have any queries or concerns you can contact:

Dr Mary van der Riet
vanderriet@ukzn.ac.za

If you have any complaints you may contact:
Human Social Science Research Ethics Committee
Ms Phume Ximba
031 260 3587
ximbap@ukzn.ac.za

Signature of Participant

Date

APPENDIX 7: AUDIO CONSENT FORM

In addition to the above, I hereby agree to the audio recording of this interview for the purpose of data capture. I understand that no personally identifying information or recording concerning me will be released in any form. I understand that these recordings will be kept securely in a locked facility and will be destroyed or erased once data capture and analysis are complete.

Signature of Participant

Date

APPENDIX 8: FOCUS GROUP PLEDGE

Focus group pledge

In taking part in this study, I _____ agree to not discuss any of the issues that are divulged during the focus group process. I also hereby agree to not divulge any names or identities of focus group members to anyone outside of the study. I understand that each participant within this study has a right to privacy and respect for such.

I understand that although the researcher (Khanyisile Nene) has no immediate control over my actions, if I do not maintain this privacy and confidentiality pledge the repercussions may affect further research in the field. In other words, other participants may not wish to partake in further research and or may be harmed by my actions.

Signature of Participant

Date

APPENDIX 9: FOCUS GROUP SCHEDULE

Focus group schedule

Perceived risks:

1. What do you think are the risks of engaging in sexual activity?
2. What do you think scares students about having sex?
 - 2.1. Why?

Management of risks:

3. What do you do think students do to manage/protect themselves against HIV infections?
 - 3.1. What? Why?
 - 3.2. When? Why?
4. What do you do think students do to manage/protect themselves against pregnancy?
 - 4.1. What? Why?
 - 4.2. When? Why?

Knowledge about management of HIV:

5. What do students know about management of HIV infections?
6. Where do students learn about condoms?
7. Who do you talk to about sex?
 - 7.1. Why these people?

Knowledge about management of pregnancy:

8. How do students manage protect?
9. What is the most preferred method of contraceptive that students use?
10. Where do students learn about the contraceptives?
11. What do contraceptives protect you from?

Contraceptive use:

12. Do students use contraceptives?
 - 12.1. What kind?
 - 12.2. Why these kinds?
13. Where do students get their contraceptives?
 - 13.1. Why do you get them here?
14. Do you find that there are any problems with getting them here?

Condom use:

15. Do students use condoms?
 - 15.1. Why? Or Why not?
16. When do students use condoms?
17. Do you think asking your partner to use a condom would be different to any other contraceptive?

APPENDIX 10: PARTICIPATION INFORMATION SHEET (individual interview)

Participant's information sheet

I am Khanyisile Nene, a Psychology Masters student here at UKZN. I am required to conduct a research project under the supervision of one of the Psychology lecturers. Hence, for this study I am looking for students to participate in a focus group and possibly an individual interview for research which I hope to benefit your community and possibly other similar communities in the future. I wish to thank you so much for wanting to help us conduct this study, through your participation, which I highly appreciate. But before we can get started I need to inform you what I will be doing and how I will do it.

This project is studying sex and the perceived risks of engaging in sex and management of such risks among university students on campus which I hope will benefit sexual health and HIV-preventative campaigns in South Africa. This means that a few sensitive topics and questions about sex and perceived risks and protective measures will be addressed during the process. When it comes to answering these questions, **there are no right and wrong answers**. Two forms of data collection will be used: focus groups and individual interviews.

Please understand that your participation in this study is completely **anonymous**. Participation is **completely voluntary** and you are not being forced to take part in this study, meaning that you may leave at any time, for any reason if they choose to do so. Choosing not to participate will not lead to any form of harm or disadvantage, penalties and **you will not be prejudiced in any way**. You do not have to take part in the study or any answer the interview question if you are not completely comfortable with what is required. Should you feel distress as a result of completing the interview you are encouraged to contact the project supervisor, myself or approach the UKZN Child and Family Centre for psychological assistance. Arrangements for these have been made.

If you choose to participate in this study you will receive an informed consent declaration form, which I ask you to read and understand.

Individual Interviews

The individual interview process will take approximately one hour. I will be asking you a few questions and request that you are as open and honest as possible in answering these questions. Some questions may be of a personal and/or sensitive nature. **You may choose not to answer these questions**.

Confidentiality will be assured during this process as the individual interview will only be addressed by the researcher. In other words your participation in the process and your identity will not be known by anyone other than me. I am not looking for what you think the appropriate response might be, but rather your own opinion and values on the subject.

I will be recording the discussion with the use of a tape recorder, but **your identities will be protected with the use of pseudonyms** when the results are published.

The information that is gained during the project will be stored in a locked cabinet in my supervisor's office; only my supervisor and I will be able to access it. After the study has been completed any information that links your identity to the data will be destroyed.

The results of the study will be presented in a report that will be assessed by my supervisor and two external examiners and presented at the Discipline of Psychology Postgraduate conference. I or my supervisor Mary van der Riet may also present the results of the research at other conferences. The findings may also form the basis of future journal articles. Please know that **no details signaling your personal identity will be released.**

If I ask you a question which makes you feel uncomfortable or embarrassed, we can stop and talk about it or you may come to me at a later stage to discuss the issue or you may contact us (**details at the bottom of the page**). There are also people from the university who are willing and available to talk to you about issues which may emerge during the research process. The Child Family Centre's number is 031 2605853

If you have any complaints or questions regarding any aspect of this study, you may contact Mary van der Riet by vanderriet@ukzn.ac.za or 033 260 6163. If you have a complaint about any aspect of this study, you may also contact the Psychology Higher Degrees Ethics Committee (033 260 5853)

Thank you
Khanyisile Nene

xxx
xxx

APPENDIX 11: INTERVIEW SCHEDULE

Individual Interview schedule

Hi, I asked you here today as a follow up from the focus group session we had because I was interested in some of the things that you mentioned during our earlier session. I know sex, condom-use and contraceptive use can be a sensitive topic, and so before we start, I just wanted to ask you how did you find the experience? Did you have any comments or queries with the focus group session?

Part A: Demographic Information

Age

18-20	21-23	24 and above
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Gender

Male	Female
------	--------

Race

African	White	Indian	Coloured	other
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Part B: Sex, Risks and protective measures

1. Are you sexually active?
2. If yes, proceed with the rest of the interview.
3. Do you use contraceptives?
4. If not, why? If yes, what kind and why?
5. What different types of contraceptives do you know and what are they used for?
6. What is your preferred method of contraception?
7. What do you understand or perceive as risks in sexual activity?
8. How did you learn about these risks?
9. Has there ever been a time when those risks seemed less important than having sex itself?
10. What does HIV mean to you?
11. Do you know how HIV is transmitted?
12. Do you know how HIV is prevented?
13. Do you think you are personally at risk of contracting HIV?
14. What do you understand about condoms?
15. Do you feel comfortable using condoms?
16. How often do you use condoms?
17. Do you think there are any challenges/ difficulties in getting condoms?
18. Can you describe the situation you have been through?
19. How do you respond to the risk of HIV?
20. What does pregnancy mean to you?
21. How do you respond to the risk of pregnancy?
22. Do you think males view sex differently to females?
23. Do you think females view sex differently from males?
24. What role do you have, in your relationship, in negotiating condom use/ contraceptive use?

APPENDIX 12: ETHICAL CLEARANCE



13 September 2012

Miss Khanyisile Nene 206511839
School of Applied Human Sciences
Pietermaritzburg Campus

Dear Miss Nene

Protocol reference number: HSS/0867/012M

Project title: A social constructionist perspective of students' perceptions and management of risks of sexual activity.

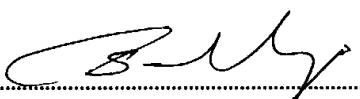
EXPEDITED APPROVAL

I wish to inform you that your application has been granted Full Approval through an expedited review process.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the school/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully


.....
Professor Steven Collings (Chair)

/pm

cc Supervisor: Dr Mary van der Riet
cc Academic Leader: Professor Johannes Hendrina Buitendach
cc School Admin: Ms Nondumiso Khanyile

Professor S Collings (Chair)
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Founding Campuses: ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville

INSPIRING GREATNESS



APPENDIX 13: MEASURE TO SECURE PSYCHOLOGICAL SUPPORT

College of Applied Human
Sciences

University of KwaZulu-Natal

P/Bag X01

Scottsville

3209

27 February 2012

To whom it may concern

Re: Measures to secure psychological support for participants in research study

This letter concerns the notification of a Psychology Masters research project regarding Students' Sexual Behaviour. The research investigates students' perceptions of risks of sexual behaviours and management of these behaviours, in the context of HIV/AIDS. It is a qualitative study which will involve both focus groups and individual interviews.

Sexual behaviour is a sensitive topic as implications of one's gender and dignity are salient. Even though issues will not be made explicit, there is the possibility of social and or psychological risk to the participants, even though this is unlikely. Therefore, even though very unlikely, after the interviews participants may develop feelings of guilt or shame for their responses.

In an effort to minimise these risks arrangements have been requested for the counselling services that this institution provides should participants develop these feelings. Participants in the study will be made aware that they will be able to make an appointment and seek counselling from a psychologist at the institution.

This is a precautionary measure taken in the event of such an outcome during the research study. A reply to the request may be communicated via email. I humbly await your reply.

Kind Regards

Khanyisile Nene

APPENDIX 14: TRANSCRIPTION CONVENTIONS

Adapted from Gail Jefferson's full system [see Hutchby & Wooffitt (1998) for details]

Transcription	Meaning
(FGD)	Focus group participant
(Int.)	Individual interviewed participant
=	Indicates the end and beginning of two sequential 'latched' utterances that continue without an intervening gap
[]	Overlapping speech produced by two or more speakers
(0.5)	Timed silence measured in seconds, a number enclosed in parentheses represents intervals of silence occurring within (i.e. pauses) and between (i.e. gaps) speakers' turns at talk.
(.)	Micro pause indicates a timed pause of less than 0.2 sec.
,	Comma indicates a continuing intonation with slight upward or downward contour.
:	Colon(s) indicates sustained enunciation of a syllable.
::	Extra colon indicates longer elongation
><	Greater than signs indicates portions of an utterance delivered at a noticeably quicker tone (><)
<>	Less than signs indicates portions of an utterance delivered at a noticeably slower tone (<>)
↑	Raised tone
↓	Lowered tone
Ha ha ha	Loud laughter
He he	Soft laughter
()	Parentheses represents unclear speech/missing words
(())	Text enclosed in double parentheses represents transcribed talk for which doubt exists. Empty parentheses represent untranscribed talk or unknown speaker.
CAPS	Represents speech delivered more loudly than surrounding talk.
—	Underscored text indicates stress on a word, syllable or sound. i.e. strong emphasis